

# 2017 Milwaukee County

## Benefits Booklet



- Medical Plan
- Dental Plans
- Vision Plan
- Life Insurance
- Flexible Spending Accounts
- Retirement Benefits
- Short-Term Disability
- Deferred Compensation

Department of Human Resources - Employee Benefits



# Table of Contents

Benefit Plan Overview .....	1
Summary of Status Changes .....	6
Medical Insurance .....	7
Medical Benefit Summary .....	9
Medical Premiums .....	10
Great reasons to use myuhc.com .....	11
Optum Rx Mail Order .....	12
Dental Insurance .....	14
Dental Premiums .....	14
Dental Benefit Summary .....	15
Dental Associates .....	16
Delta Dental .....	16
Delta Vision .....	17
Flexible Spending Accounts .....	19
Benny Card - Employee Benefit Corporation .....	23
Life Insurance Plans .....	27
Employee Assistance Program .....	30
Retirement Benefits .....	31
Deferred Compensation Plan .....	33
Voluntary Benefits .....	34
Commuter Value Pass .....	35
Employee Discount Program .....	35
Wellness Program .....	36
Direct Deposit .....	41
Tuition Reimbursement Program .....	42
Benefit Enrollment System .....	43
Annual Notices .....	48
Provider Contact Information .....	Back Cover

# 2017 Benefit Plan Overview

Welcome to Milwaukee County!!! Milwaukee County recognizes that employees have different needs. That's why we offer a benefit program that allows you to choose among a number of benefit options. You can select from these options to design the benefit plan that's right for you.

You are encouraged to carefully consider your personal situation as you evaluate your benefit choices. Milwaukee County benefits include:

- Health Insurance
- Dental Insurance
- Vision Insurance
- Group Life Insurance
- Flexible Spending Accounts
- Employee Assistance Program (EAP)
- Deferred Compensation (voluntary 457 plan)
- Short-Term Disability Plan
- Commuter Value Pass Program

The information in this booklet provides a summary of your benefits under the County-offered benefit plans. For more detailed information along with notices of your legal rights, review each plan's Summary Plan Description (SPD) booklet. The booklets are available through the Milwaukee County Website.

In the case of conflict between the information presented in this benefit booklet and the plan's SPD booklets, the plan's SPD booklets determines the coverage

## Employee Eligibility

All Milwaukee County employees appointed to a position with an authorized work week of twenty hours or more and are not excluded by job code or Ordinance are eligible to enroll in any benefit plan that is offered by Milwaukee County.

## Dependent Eligibility

An eligible Dependent is considered to be:

- your legally married spouse (same or opposite-sex), your same or opposite-sex domestic partner,

- you or your spouse's child who is under age 27, including a natural child, stepchild, a legally adopted child, a child placed for adoption or a child for whom you or your Spouse are the legal guardian;
- an unmarried child of any age who is or becomes disabled and dependent upon you;
- a child of a dependent child (until the Dependent who is the parent turns 18)

To be eligible for coverage under the Plan, a Dependent must reside within the United States.

The definition of Dependent is subject to the following conditions and limitations:

- A dependent includes any dependent child under 27 years of age who is not eligible for coverage under a group health benefit plan offered by their employer and for which the amount of the Dependent's premium contribution is no greater than the premium amount for his or her coverage as a Dependent under the Participant's plan.

A child who meets the requirements set forth above ceases to be eligible as a dependent on the last day of the month following the child's 27th birthday.

A dependent also includes a child for whom health care coverage is required through a Qualified Medical Child Support Order or other court or administrative order.

#### **PROOF OF ALL DEPENDENT'S ELIGIBILITY IS REQUIRED.**

If you elect to cover a dependent under Milwaukee County's health and/or dental insurance, you will be contacted by **Xerox HR Solutions** to provide documentation that you are covering an eligible dependent. Please mark/black out any personal financial information on the copies of your documents before you submit them for verification.

### **Effective Date of Insurances**

The following insurances become effective the **first of the month following your hire date**:

- Health Insurance
- Dental Insurance
- Vision Insurance
- Flexible Spending Accounts
- Short-term Disability (voluntary)
- Employee Assistance Plan (EAP)
- Commuter Value Pass Program

If elected, basic life insurance and optional term insurance will begin on the first of the month following 6 months of continuous employment.

For example, If you were hired on April 11th, your insurance coverage begins on May 1st and the basic life insurance and optional term insurance coverage begins on November 1.

Employees must enroll within 30 days from their hire date. If an employee does not enroll during their 30 day window, he or she must wait until the following Open Enrollment period to enroll in benefits for the following year.

Premiums for your insurance coverage are deducted on the first two paychecks you receive during the covered month.

## **\$500 Opt-Out Award**

Eligible employees can choose to waive medical coverage through Milwaukee County if they have group coverage through a spouse or other employment. Waiver elections can be completed online in the Benefit Enrollment System.

### **IMPORTANT INFORMATION**

- You must enter the name of your other insurance in the Benefit Enrollment System in order to be eligible for the \$500 opt-out award.
- The lump-sum taxable \$500 opt-out award will be paid on a paycheck issued just prior to April 1 of each year. Opt-outs after April 1, will be paid out quarterly.
- **To be eligible for the award, the employee must waive medical coverage for the entire plan year.**
- Re-entry for medical coverage between annual open enrollment periods is allowed with proof of involuntary loss of coverage through the other group plan due to termination of employment, layoff, legal separation or divorce, death of spouse or retirement.
- **The full \$500 award must be returned in the event you terminate employment, retire, or enroll in a Milwaukee County health plan**

## **Domestic Partner Benefit Coverage**

Milwaukee County provides benefits coverage to same and opposite-sex domestic partners of Milwaukee County employees. This coverage will also be available to the eligible child(ren) of an employee's domestic partner. The benefit plans available to a domestic partner and the partner's eligible child(ren) include:

- Health
- Dental
- Vision
- Employee Assistance Program (EAP)

A qualified domestic partnership is one in which two people are registered with the Milwaukee County Clerk of Courts and meet the following criteria:

- Both persons share a common residence
- Both persons are at least eighteen years of age and mentally competent to consent to the declaration of domestic partnership

- Neither person may be married or legally separated from anyone else, or in another domestic partnership with someone else that has not been terminated or dissolved
- Both persons must be jointly responsible for basic living expenses incurred during the domestic partnership

### **Employee Cost of Coverage for Domestic Partners and/or child(ren) of Domestic Partner**

Your out-of-pocket costs for the premiums are paid as follows: Payroll deductions for health plan coverage and/or dental plan coverage associated with your domestic partner and your domestic partner's child(ren) are taken on a post-tax basis. Payroll deductions associated with your coverage are taken on a pre-tax basis.

Further, you will have an additional tax consequence when you elect to cover your domestic partner and/or your domestic partner's child(ren) if they are not your tax dependent.

### **Tax Consequences of Covering a Domestic Partner**

The Internal Revenue Service (IRS) has determined that the actual cost of the domestic partner benefit is taxable income to the employee, unless the domestic partner qualifies under the dependency criteria of Internal Revenue Code § 152(a) as modified for purposes of Internal Revenue Code §§ 105 and 106.

The value of Milwaukee County's paid coverage that relates to a domestic partner and/or a domestic partner's child(ren) who is not a dependent under tax law will generally be considered imputed income. Imputed income is calculated as the value of the coverage provided to the domestic partner and/or the domestic partner's child(ren). Please note:

- Taxes paid on imputed income are in addition to the employee's monthly plan cost.
- The amount of imputed income depends on the plan in which the employee is enrolled.
- Imputed income is taxable and will be added to the employee's gross income each pay period for the purposes of calculating federal and state income taxes and for Social Security and Medicare taxes.
- Imputed income will be reported on the employee's annual Form W-2.
- The employee's personal income tax bracket will determine the actual tax consequences.

Since there may be tax consequences to employees who enroll a domestic partner, employees may wish to consult a tax advisor before electing this coverage.

## **Special Enrollment Notice**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 30 days after you or your dependents' other coverage ends.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

## **Annual Open Enrollment**

Each year in the fall, a 2-week period is designated as the Open Enrollment period. Elections made during Open Enrollment are effective January 1 of the following year. The following is a partial list of what you can do during the Open Enrollment period each year:

- Add or remove coverage
- Add or remove dependents
- Increase, decrease or request Optional life insurance coverage
- Participate in the flexible spending account

## **COBRA**

COBRA, the Consolidated Omnibus Budget Reconciliation Act, is a federal law that permits eligible employees and dependents whose medical and/or dental insurance would otherwise terminate, to continue coverage for specific periods of time under certain conditions.

- Employees may continue single or family coverage through Milwaukee County for a maximum of 18 months if:
  - Employment is terminated (including lay-offs) for any reason other than the employee's gross misconduct; or
  - The employee's work hours are reduced or work status is changed such that the employee is no longer eligible for coverage
- Dependents may continue their coverage through Milwaukee County for a maximum of 36 months if coverage is terminated:
  - Due to the death of the employee; or
  - Due to divorce or legal separation of the dependent from the employee; or
  - With respect to a dependent child, the child is no longer eligible as a dependent under Milwaukee County's eligibility rules



## Summary of some of the more Common Change of Status Events and Mid-Year Enrollment Changes Allowed for Employees Under a Health Plan

This chart is only a summary of some of the permitted changes and is **not** all inclusive.

If you experience the following Event...	You may make the following change(s) within 30 days of the Event...	YOU MAY NOT make these types of changes...
<b>Life / Family Events</b>		
Marriage	Enroll yourself, if applicable Enroll your new spouse and other eligible dependents Drop health coverage (to enroll in your spouse plan) Change health plans	Drop health coverage and not enroll in spouse's plan.
Divorce or Termination of Domestic Partnership	Drop your spouse/DP from your health coverage Enroll yourself and your dependent children if you were previously enrolled in your spouse/DP's plan	Drop health coverage for yourself
Gain a child due to birth or adoption (Effective date of birth or adoption placement)	Enroll yourself, if applicable Enroll the eligible child and any other eligible dependents	Drop health coverage for yourself or any other covered individuals
Child requires coverage due to a QMCSO	Add child named on QMCSO to your health coverage (enroll yourself, if applicable and not already enrolled)	Make any other changes, except as required by the QMCSO
Loss of a child's eligibility (e.g., child reaches the maximum age for coverage)	Drop the child who lost eligibility from your health coverage Child will be offered COBRA.	Drop health coverage for yourself or any other covered individuals
Covered person has become entitled to (or lost entitlement to) Medicare or Medicaid	Drop coverage for the person who became entitled to Medicare or Medicaid Add the person who lost entitlement to Medicare or Medicaid	Drop health coverage for yourself or any other covered individuals who are not newly Medicare or Medicaid eligible
Spouse/DP obtains health benefits in another group health plan	Drop your spouse/DP from your health coverage Drop your dependent children from your health coverage Drop coverage for yourself	Add any eligible dependents to your health coverage
Spouse loses employment, experiences a termination of their employer's contribution, or otherwise loses coverage for health benefits in another group health plan	Enroll your spouse and eligible dependent children in your health plan Enroll yourself if previously not enrolled because you were covered under your spouse's plan	Drop health coverage for yourself or any other covered dependents
You return from Military leave	Enroll yourself Enroll your spouse/DP and other eligible dependents	
You become newly eligible for benefits due to change in employment status	Enroll yourself Enroll your spouse/DP and other eligible dependents	

# 2017 Medical Insurance

**Administered by UnitedHealthcare**

## **Choice Plus Plan (PPO Comparable)**

As a Preferred Provider Organization (PPO) participant:

- You can choose which doctor or specialist to see and you get to choose an in-network or out-of-network provider; Note: you pay substantially less when you go to a doctor in the network.
- You don't need to select a primary care physician and you don't need a referral to see a specialist

Whether you choose an in-network or out-of-network provider, certain services require that you satisfy a copay, deductible, and/or coinsurance. If you receive care from an out-of-network provider, your coverage will be at a lower benefit level and you will have to pay a higher deductible and coinsurance.

### **Finding a UnitedHealthcare Network Provider**

To confirm if your physician, hospital, or other provider is included in the UnitedHealthcare network, or to find a network physician, please contact UnitedHealthcare at the customer service number provided on the back cover of this booklet, or confirm online using the following steps:

1. Go to [www.myuhc.com](http://www.myuhc.com) and select the "Find Physician or Facility" link located under the links and tools heading in the upper right corner.
2. Select the type of provider that you are looking for (e.g., physician, hospital, facility, or medical equipment supplier) and click on "continue".
3. Select the search criteria that you want to use (e.g., name, location, and specialty).
4. Under the "Select a Plan" field, choose the "UnitedHealthcare Choice Plus" option for the PPO comparable plan.
5. You can narrow the search by entering the provider's name, but this step is optional
6. Indicate the location where you would like to find providers (e.g., your address), and the distance from that location that you are willing to travel
7. You may also narrow your search by gender, languages spoken by the provider or staff
8. When you are finished entering your search criteria, click continue, and indicate if you are searching for a specific specialty on the next screen.
9. Click "Continue" to view the results

## Benefit Plan Definitions

Understanding how our plans work is a critical first step in taking action to manage costs. Keep these key benefit terms in mind when comparing the plans and coverage available to you.

**Coinsurance:** This is the percentage of the cost you pay when you receive certain health care services. *Example:* For in-network services under the County's Choice Plus plan, plan participants pay 20% and the County pays 80% of covered expenses for most services. The 20% share is the employee's coinsurance.

**Co-payment:** This is the flat-dollar amount you pay when you receive certain medical care services. Co-pays are typically due at the time you receive the service. *Example:* Enrollees in the plan pay a \$30 co-pay for in-network doctor's office visits.

**Deductible:** This is the amount you are required to pay each year before the plan begins to pay benefits. You begin accumulating expenses toward the satisfaction of your deductible at the beginning of each benefit year (January 1). *Example:* With each new benefit year, employees who elect self only coverage under the Choice Plus Plan pay the first \$1000 toward services subject to the plan's deductible. Employees who elect coverage for themselves, their spouse and dependent children pay the first \$1000 per individual, up to a maximum of \$2250 per family, toward services subject to the plan's deductible.

**In-Network:** This is care or services provided by doctors, hospitals, labs or other facilities that participate in the network of providers assembled by UnitedHealthcare. Generally, you pay less when you receive care in-network because the providers in the network agree to charge a pre-negotiated, lower fee. This reduces your out-of-pocket costs and the overall claims costs.

**Out-of-Network:** This is care or services furnished by doctors, hospitals, labs or other facilities that DO NOT participate in the UnitedHealthcare's provider network. If you are enrolled in the Choice Plus Plan and use an out-of-network provider, your share of the cost is based on the reasonable and customary charges allowed by the plan. Amounts charged over the reasonable and customary do not count towards annual deductibles and out-of-pocket maximums.

*Be sure you understand the amount you will be required to pay out of your own pocket if you seek care out-of-network.*

**Out-of-Pocket Maximum:** When you meet the annual out-of-pocket maximum, the plan will pay the full cost of *covered expenses* for the remainder of the benefit year. Covered expenses (e.g. deductible and co-insurance amounts) apply towards the out-of-pocket maximum. Prescription drug co-payments are not applied toward the out-of-pocket maximum. In addition, out-of-pocket costs incurred for non-covered services or supplies in excess of the plan's covered expenses (e.g., expenses incurred for out-of-network services that exceed the reasonable and customary charges allowed by the plan) are not applied toward the out-of-pocket maximum; these non-covered charges are the plan participant's financial responsibility.

# 2017 Medical Plan Coverage *At-A-Glance*

	Network		Non-Network	
<b>Annual Deductible</b>	Single:	\$1,000	Single:	\$2,000
	EE+Child(ren):	\$1,250	EE+Child(ren):	\$2,500
	EE+Spouse:	\$2,000	EE+Spouse:	\$4,000
	EE+Family:	\$2,250	EE+Family:	\$4,500
<b>Office Visits</b>	\$30 Copay		\$60 Copay	
<b>Inpatient Hospital</b>	80% of eligible charges		60% of eligible charges	
<b>Outpatient Surgery</b>	80% of eligible charges		60% of eligible charges	
<b>Emergency Room</b>	\$200 Copay		\$200 Copay	
<b>Preventive Services</b>	100% of eligible charges		60% of eligible charges	
<b>Medical Out-of-Pocket Maximum</b>	Individual:	\$3,000	Individual:	\$4,600
	Aggregate Family:	\$6,000	Aggregate Family:	\$9,200
<b>Pharmacy Copay – Retail</b> <i>Up to 30-day supply</i>	Tier One:	\$10	Tier One:	\$10
	Tier Two:	\$30	Tier Two:	\$30
	Tier Three:	\$50	Tier Three:	\$50
<b>Pharmacy Copay – Mail Order</b> <i>Up to 90-day supply</i> <i>Required for maintenance medications</i>	Tier One:	\$25	Tier One:	N/A
	Tier Two:	\$75	Tier Two:	N/A
	Tier Three:	\$125	Tier Three:	N/A
<b>Specialty Pharmacy – Mail Order</b>  <i>Up to 30-day supply</i>	Tier 4:	\$75	Not Covered	
<b>Pharmacy Out of Pocket Maximum</b>	Individual:	\$2,000	Individual:	\$2,000
	Aggregate Family:	\$4,000	Aggregate Family:	\$4,000

**Note:** this at-a-glance guide is intended as a summary only. For specific terms, provisions, conditions, limitations or exclusions, please refer to the Summary Plan Description.

# Monthly Employee Medical Premium Contributions as of 1/1/2017

**All Employees (Except Deputy Sheriffs and Firefighters)**

<i>Milwaukee County Choice Plus Plan (PPO Comparable)</i>		
	<i>Not Participating in Wellness</i>	<i>Participating in Wellness</i>
<b>Employee Only</b>	\$130.00	\$91.00
<b>Employee + Child/Children</b>	\$170.00	\$120.00
<b>Employee + Spouse/Partner</b>	\$240.00	\$190.00
<b>Employee + Family</b>	\$270.00	\$220.00

**Deputy Sheriffs**

<i>Milwaukee County Choice Plus Plan (PPO Comparable)</i>		
	<i>Not Participating in Wellness</i>	<i>Participating in Wellness</i>
<b>Employee Only</b>	\$130.00	\$91.00
<b>Employee + Child/Children</b>	\$150.00	\$105.00
<b>Employee + Spouse/Partner</b>	\$210.00	\$160.00
<b>Employee + Family</b>	\$230.00	\$180.00

**Firefighters**

<i>Milwaukee County Choice Plus Plan (PPO Comparable)</i>		
	<i>Not Participating in Wellness</i>	<i>Participating in Wellness</i>
<b>Employee Only</b>	\$130.00	\$91.00
<b>Employee + Child/Children</b>	\$150.00	\$105.00
<b>Employee + Spouse/Partner</b>	\$210.00	\$160.00
<b>Employee + Family</b>	\$230.00	\$180.00

# Great reasons to use **myuhc.com**<sup>®</sup>



The tools and information at myuhc.com are both practical and personalized so you can get the most out of your benefits. Register at [myuhc.com](http://myuhc.com) and connect to current information about your plan benefits and health care interests.

## 1. Compare costs for different health plans.

Choose a plan that's right for you and your family needs. Select *Plan Cost Estimator* located under *Links and Tools*

## 2. Organize your medical claims online.

View processed claims, remaining balances for deductibles and out-of-pocket expenses via your Health Statements. Download claims to a spreadsheet, set up automatic payments, direct deposits and more.

Select *Claims & Accounts*

## 3. Get information about hospitals and physicians.

Find information on network doctors and health care professionals. You can even find out what physicians are recognized in the UnitedHealthcare Premium<sup>®</sup> designation program, a free informational tool that evaluates physicians and facilities using national quality and cost efficiency standards in their specialty.

Select *Physicians & Facilities*

## 4. Receive health care alerts.

Check for personalized messages that are specific to you and your myuhc.com account. Messages may include:

- ▶ Health and cost savings information
- ▶ Advantages of staying in network
- ▶ Preventive care reminders

You can check these messages directly from your home page whenever it's convenient for you.

Select *Message Center*

## 5. Learn more about your coverage.

Check your current eligibility, deductibles and out-of-pocket costs; confirm what's covered and what's not covered.

Select *Benefits & Coverage*

## 6. Organize and store all of your health data in one convenient, confidential place.

Record your family health history, allergies and immunizations, and personal contacts. Review medical claims information, as well as lab results. Track your progress with important Health Trackers such as blood pressure, cholesterol, and weight. Print or download a historical claims summary known as the Personal Health Summary.

Select *Personal Health Record*

## 7. Improve your health habits.

Participate in Health Coaching Programs that help set goals to achieve health objectives. Find out the best way to improve your health by taking the online Health Assessment.

Select *Health & Wellness* or click on the *Health Assessment* from the Home page

## 8. Learn about health conditions and treatment options.

Medical information from reliable resources recognized by physicians.

Select *Health & Wellness > Conditions A to Z*

## 9. Request a medical ID card.

Print a temporary ID card or request a replacement card.

Select *Account Settings*

## Register at myuhc.com today.

- 1 Click "*Register Now*"
- 2 Enter the requested information
- 3 Begin using the site





## Discover the convenience of OptumRx® Mail Service Saver Plus



Mail Service Saver Plus is a program that helps you better manage the medication you take on an ongoing basis. You can save both time and money by filling your prescriptions for maintenance medication through home delivery with OptumRx. Not only is home delivery safe and reliable, it also offers the following advantages:



**Cost savings:** You may pay less for your medication with a three-month supply through OptumRx.



**Convenience:** Get free standard shipping on medications delivered to your mailbox.



**24/7 access and reminders:** Speak to a pharmacist who can answer your questions any time, any day. Even set up text and email reminders to help you remember to take or refill your medications.\*

### How Mail Service Saver Plus works

If you are currently taking maintenance medication on a regular basis, your pharmacy benefit plan requires you to use home delivery.

Your plan only covers a limited number of maintenance medication refills from a retail pharmacy (call Customer Service at the member phone number on the back of your health plan ID card for the number of fills covered by your specific plan). After the allowed fills, **you must move to home delivery through OptumRx** or you will pay the entire cost for your medication at your retail pharmacy.

Whether you have a new prescription or need to transfer an existing prescription, it's easy to get started with OptumRx home delivery.

---

**Here is how:**



**By online registration:**

Visit **myuhc.com**, register and follow the simple step-by-step instructions. You can manage your medication online, including filling new prescriptions and transferring other prescriptions to home delivery. You can also set up text message reminders to help manage your medication schedule. Be sure to have your health plan ID card and medication bottles on hand.



**By phone:**

Just call the member phone number on the back of your plan ID card to talk with a customer service representative right now. It's helpful to have your plan ID card and medication bottle available. The representative can also contact your doctor directly if you need a new prescription.



**By mail:**

Ask your doctor for a new prescription for up to a three-month supply, plus refills for up to one year. Then go to **myuhc.com** and download the new prescription order form. Mail it to the address provided on the bottom of the form.



**By fax / ePrescribe:**

Ask your doctor to call **1-800-791-7658** for instructions on how to fax your prescription directly to OptumRx. Or your doctor can send an electronic prescription to OptumRx.

---

\*OptumRx provides this service at no cost. Standard message and data rates charged by your carrier may apply.



OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum™ company — a leading provider of integrated health services. Learn more at **optum.com**.

All Optum™ trademarks and logos are owned by Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owners.

©2015 Optum, Inc. All rights reserved. ORX7321-MSSP\_150608

49993-082015



# 2017 Dental Insurance

Milwaukee County offers the following two dental plans:

- **Care-Plus (DMO)** - Offered through Dental Associates. If you elect the Care-Plus dental plan, you are required to use a Dental Associates facility to coordinate all of your oral health needs.
- **Milwaukee County Conventional Plan** - Administered by Delta Dental. Allows you to obtain dental care from any dentist you choose. There is an annual maximum benefit limit, an annual deductible and most services have a patient coinsurance requirement.

## Monthly Employee Dental Premium Contributions as of 1/1/2017

**All Employees (Except Deputy Sheriffs and Firefighters)**

<b><i>Conventional Dental Plan (Delta Dental) and Dental Associates (Care Plus) DMO</i></b>	
<b>Employee Only</b>	<b>\$20.00</b>
<b>Employee + Child/Children</b>	<b>\$45.00</b>
<b>Employee + Spouse/Partner</b>	<b>\$45.00</b>
<b>Employee + Family</b>	<b>\$45.00</b>

**Deputy Sheriffs**

<b><i>Conventional Dental Plan (Delta Dental) and Dental Associates (Care Plus) DMO</i></b>	
<b>Employee Only</b>	<b>\$2.00</b>
<b>Employee + Child/Children</b>	<b>\$6.00</b>
<b>Employee + Spouse/Partner</b>	<b>\$6.00</b>
<b>Employee + Family</b>	<b>\$6.00</b>

**Firefighters**

<b><i>Conventional Dental Plan (Delta Dental) and Dental Associates (Care Plus) DMO</i></b>	
<b>Employee Only</b>	<b>\$15.00</b>
<b>Employee + Child/Children</b>	<b>\$35.00</b>
<b>Employee + Spouse/Partner</b>	<b>\$35.00</b>
<b>Employee + Family</b>	<b>\$35.00</b>

# Milwaukee County Employee Dental Plans

## Benefit Comparison At-A-Glance

Benefit	Milwaukee County Conventional Plan (Delta Dental)	Care-Plus (DMO)
<b>Network of providers</b>	Services may be performed by the dentist of your choice	Services must be performed at a Dental Associates, Ltd. Dental Center
<b>Annual Maximum Benefit</b>	\$2,500 per person	\$3,000 per person
<b>Annual Deductible</b>	\$25 per person (Maximum of 3 deductibles per family per year)	\$25 per person (Maximum of 3 deductibles per family per year)
<b>Diagnostic and Preventive:</b>		
- Dental exams and cleanings	100% of approved charges	100% of approved charges
- Bitewing x-rays	100% of approved charges	100% of approved charges
- Full mouth x-rays	100% of approved charges	100% of approved charges
<b>Minor Restorations</b> (regular fillings: acrylics, amalgams, & composites)	80% of approved charges	100% of approved charges
<b>Major Restorations</b> (crowns, inlays, onlays)	50% of approved charges	80% of approved charges
<b>Prosthetics</b> (dentures, bridges)	50% of approved charges	80% of approved charges
<b>Simple Extractions</b>	80% of approved charges	80% of approved charges
<b>Endodontics</b> (root canal treatment)	80% of approved charges	80% of approved charges
<b>Periodontics</b>	80% of approved charges	100% of approved charges
<b>Orthodontics</b>	50% of approved charges (includes coverage for adults) with a \$2500 lifetime maximum benefit.	75% of approved charges (includes coverage for adults if approved by the plan)
<b>Ancillary Services</b>	80% of approved charges	80% of approved charges
<b>Oral Surgery</b>	80% of approved charges	80% of approved charges (surgeon fee only)

# Be insured to *smile more.*



With our affordable dental plans you can have a smile, and an investment, to feel good about. CarePlus Dental Plans mean you and your family will always have access to high-quality dental care. Visit [CarePlusDentalPlans.com](http://CarePlusDentalPlans.com) and learn more about CarePlus and *smiles made easy.*

Dental Associates, the exclusive provider to CarePlus, has 8 convenient Southeastern Wisconsin locations:

**Franklin**  
6855 S. 27th St.  
414.435.0787

**Milwaukee - Beerline B**  
220 E. Pleasant Street  
414.435.5850

**Milwaukee - South\***  
1135 S. Cesar Chavez Dr.  
414.645.4540

**Waukesha**  
1211 Dolphin Ct.  
262.436.3363

**Kenosha**  
7117 Green Bay Rd.  
262.942.7000

**Milwaukee - Downtown**  
205 E. Wisconsin Ave.  
414.778.3600

**Sturtevant**  
10155 Washington Ave.  
262.884.3011

**Wauwatosa**  
11711 W. Burleigh St.  
414.771.2345

\*Moving to Miller Park Way in November of 2016.

For more Dental Associates locations, visit [DentalAssociates.com](http://DentalAssociates.com).

Care-Plus Dental Plans, Inc. is a non-profit Limited Service Health Organization licensed and regulated by the State of Wisconsin Office of the Commissioner of Insurance. Dental Associates is the exclusive provider to Care-Plus Dental Plans, Inc.  
CTYML0816

## CarePlus

## Experience. A simpler web.

Delta Dental makes it easy for you to log on, find the information you need, and get on with your day. Discover the web-based services available at [www.deltadentalwi.com](http://www.deltadentalwi.com).



Members can:

- Access extensive dental benefits and utilization information
- Check claims
- Request electronic EOBs
- Verify copays and deductibles
- Review claim history
- Print ID cards

Designed with you in mind.

# DeltaVision

## Vision Benefit Summary for the Employees of Milwaukee County

(Except Deputy Sheriffs and Firefighters)

Your DeltaVision benefit plan is administered through EyeMed Vision Care, one of the nation's leading vision providers. This plan includes coverage for important preventive eye care, and discounts on laser vision correction.

The benefit summary below does not cover all plan details. Further information can be found in the Summary of Benefits within the DeltaVision Benefit Handbook. That document provides a thorough explanation of your vision plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

### A Brief Summary of Benefits

Frequency – Exams / Lenses or Contact Lenses / Frames <i>Frequency based on date of service, not benefit plan year</i>		12/12/24 months	
		Network Benefit Select Network	Non-Network Reimbursement
<b>Exam</b>	<b>Comprehensive Eye Exam</b> – one every 12 months	Member pays \$10, plan pays balance	\$40
	<b>Contact Lens Fit and Follow-Up</b> <i>Standard – Lenses that are spherical power only, soft lens materials, including planned replacement and conventional lenses. Lenses are to be used in a daily wear (removed prior to sleep) mode only.</i>	Member pays up to \$40	\$0
	<i>Premium – Includes all lens powers and designs other than spherical powers (i.e., toric, multifocal, etc.), modes of wear that are extended or overnight schedules and rigid or gas permeable materials.</i>	10% discount off retail	\$0
<b>Glasses</b>	<b>Frames</b> – Any available frame at provider location – one every 24 months	\$125 allowance, then 20% off balance	\$90
	<b>Standard Plastic Lenses</b> – one every 12 months		
	Single Vision	Member pays \$25, plan pays balance	\$30
	Bifocal	Member pays \$25, plan pays balance	\$50
	Trifocal	Member pays \$25, plan pays balance	\$70
	<b>Lens Options</b>		
	UV Coating	Member pays \$15	None
	Tint (Solid or Gradient)	Member pays \$15	None
	Standard Scratch Resistance	Member pays \$15	None
	Standard Polycarbonate	Member pays \$40	None
	Standard Progressive (add-on to bifocal)	Member pays \$90, plan pays balance	None
<b>Contact Lenses</b>	<i>In lieu of eyeglass lenses - one every 12 months (Contact lens allowance covers materials only)</i>		
	Conventional	\$150 allowance, then 15% off balance	\$150
	Disposable	\$150 allowance	\$150
	Medically Necessary	Paid in full	\$210
<b>Laser Vision Correction</b> – Lasik or PRK		15% off retail price or 5% off promotional price	None
<b>Dependent Age Limitation</b> – Dependents covered to age 26			

### Accessing Your DeltaVision Benefit

Receiving your vision benefit is as easy as visiting your nearest EyeMed Vision Care network provider.

Inform your provider you are a DeltaVision member with EyeMed and give them your full name and date of birth. You may present your ID card but is not required to receive services.

#### Additional In-Network Discounts

- 20% discount on items not covered by the plan at network providers. This discount may not be combined with any other discounts or promotional offers. This discount does not apply to an EyeMed® provider's professional services (i.e. exams) or contact lenses. Retail prices may vary by location.
- 40% discount on complete eyeglass purchases after your plan benefits have been fully used (includes prescription sunglasses).
- 15% discount on conventional contact lenses after your plan benefits have been fully used.
- Members can purchase eyeglasses online and apply their in-network eyeglass benefits at [www.glasses.com](http://www.glasses.com).
- Members can purchase contact lenses online and apply their in-network contact lenses benefits at [www.contactsdirect.com](http://www.contactsdirect.com).
- Discounts do not apply for benefits provided by other group benefit plans.

#### How to Maximize Your DeltaVision Plan

- Use providers participating in your vision plan network; your benefit dollars will go farther at participating providers. For an up-to-date listing of EyeMed providers in your area, visit our website at [www.deltadentalwi.com/visionproviders](http://www.deltadentalwi.com/visionproviders) or call EyeMed's Customer Care Center at 844-848-7090.
- Use your full benefit allowance. Frames and lenses (plastic or contact) each have an annual benefit allowance; the benefit allowance must be used on a single purchase day.
- Frequency of benefits: your benefit frequency is based on the date of service. For example, you'll be covered for another eye exam 12 months after your last eye exam.
- Participating providers may offer promotional pricing on vision materials. You can partake in either the DeltaVision Network Benefit or the promotional price available, but not both. Your provider can help you to determine which is best for you. If you select the promotional pricing you can submit your expenses for Non-Network Reimbursement.
- Prescription sunglasses can be purchased with your benefit allowance for frames and plastic lenses.
- A 20% discount may be available on selected brands of non-prescription sunglasses from participating providers — ask your vision provider.
- Your vision benefits include both a frame allowance and a lens allowance. The lens allowance will cover either eye glass lenses or contact lenses. If you purchase both glasses and contacts, you will be responsible for the cost of either the eye glass lens or the contacts, depending upon which was purchased first. Your provider can assist you on making the best choice to maximize your vision benefit.
- Premium progressive lenses are more costly than standard progressive lenses. Please discuss your costs for progressive lenses with your vision provider.

#### Plan Limitations/Exclusions

- Allowances are one-time use benefits; there is no remaining balance if entire allowance is not used after initial purchase.
- Orthoptic or vision training, subnormal vision aids, and associated supplemental testing.
- Medical and/or surgical treatment of the eye, eyes or supporting structures.
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under the plan.
- Services provided as a result of any worker's compensation law.
- Plano nonprescription lenses and nonprescription sunglasses (except for 20% discount).
- Aniseikonic lenses.
- Services or materials provided by any other group benefit providing vision care.
- Two pairs of glasses in lieu of bifocals.
- Lost or broken materials are not covered.

*This is not a complete description of benefits, exclusions, or limitations.*

11/10/2016

MW

## Monthly Employee Vision Premium Contributions as of 1/1/2017

### All Employees (Except Deputy Sheriffs and Firefighters)

<i>DeltaVision</i>	
Employee Only	<i>\$2.04</i>
Employee + Child/Children	<i>\$4.16</i>
Employee + Spouse/Partner	<i>\$4.08</i>
Employee + Family	<i>\$6.20</i>

# Flexible Spending Accounts

There are two types of Flexible Spending Accounts (FSA). The first is a Health Care Flexible Spending Account and the second is a Dependent Care Flexible Spending Account. The plan year for the Health Care Flexible Spending Account runs from January 1st through March 15th of the following year and the Dependent Care Flexible Spending Account runs from January 1st through December 31st.

- Your participation in a FSA plan allows a portion of your salary to be redirected to provide reimbursement for these types of expenses.
  - **Health Care:** To be eligible for reimbursement, the expense must be incurred for medical care that is not reimbursed from any other source. Medical care means the drug or service is needed to treat a medical condition.
  - **Dependent Care:** Work-related **day care expenses** for a qualifying dependent.
- At the beginning of each plan year, you elect a specific dollar amount for each FSA you wish to participate in.
  - **Health Care** - \$2,600 maximum.
  - **Dependent Care** - \$2,500 maximum if “married, filing separately” or \$5,000 maximum if single or “married, and filing jointly”
- Participation in one or both FSAs can save you money by reducing your taxable income because taxes will be calculated after the elected amount is deducted from your salary.
- Your taxable income will also be reduced for Social Security calculation; therefore, there may be a corresponding reduction in Social Security benefits.

## “Use It or Lose It” Rule

Money remaining in your FSA account(s) **WILL NOT** be returned to you at the end of the plan year. Any amount remaining after the end of the plan year will be forfeited. Because of the “use it or lose it” rule, it is important for you to carefully estimate your out-of-pocket expenses for the upcoming plan year.

## Milwaukee County FSA Employer Contribution

Per the 2017 adopted budget, all employees, *except those employees not contributing to ERS*, who elect to contribute their own funds into the Health Care Flexible Spending Account (FSA), will receive a matching contribution up to a maximum of \$1500 into their FSA plan, from Milwaukee County.

# Flexible Spending Accounts

## **What is a Health Care Flexible Spending Account (FSA)?**

A Health Care Flexible Spending Account (FSA) is an employer-sponsored benefit that enables you to pay for eligible medical expenses on a pre-tax basis. Any contributions you make to your FSA are deducted from your check before any of your taxes are calculated, reducing the amount of your income that is taxed. Eligible employees also receive a contribution to the FSA paid by Milwaukee County.

The Health Care FSA can be used to reimburse you for out-of-pocket medical, dental, vision or other health care expenses.

## **How to Use Your FSA**

Think of your flexible spending account as your own personal bank account that you can use periodically to reimburse yourself for qualified expenses. Each plan year, the total amount you designate from your paycheck and/or the Milwaukee County contribution is deposited into your account.

Claims for eligible expenses that are not covered by a health care plan can be submitted directly to the FSA for reimbursement. When you incur an eligible expense, you can use the Benny Benefits card, or you can complete a claim form; attach your itemized, third-party receipt or the insurance company's Explanation of Benefits and mail or fax the information to Employee Benefits Corporation.

Claim reimbursement is based on the date you receive services, not the date you pay the invoice or the date you are billed, which must be within January 1, 2017 and March 15, 2018. With the FSA, you can be reimbursed for your entire claim up to your plan-year election, including your Milwaukee County contribution minus any previous claim reimbursements, even if that amount has not yet been deducted from your pay.

## **What expenses can be reimbursed through the FSA?**

This is a partial list of expenses that qualify:

- Acupuncture
- Ambulance
- Chiropractors
- Coinsurance amounts and deductibles
- Contact lenses, solutions and cleaners
- Copays
- Dental treatment
- Eyeglasses (prescription); vision exams
- Hearing devices and batteries
- Infertility treatments
- Laboratory fees
- Laser eye surgery
- Orthodontic fees
- Orthopedic devices
- Over-the-counter drugs (requires a prescription)
- Prescription drug copays
- X-rays & MRI

## **What expenses cannot be reimbursed through the FSA?**

This is a partial list of expenses that do not qualify:

- Cosmetic surgery, procedures and/or medications
- Dental bleaching
- Hair restoration (procedures, drugs, or medications)
- Health club or gym memberships for general health
- Marriage and family counseling
- Over-the-counter drugs, or medications that are not prescribed by your physician
- Weight loss programs for general health or appearance
- Mail order prescriptions from another country coverage
- Premiums you or your spouse pay for insurance coverage

## **Filing a Manual Reimbursement Claim**

To request reimbursement from your FSA, take the following steps:

1. Complete an online claim form at [www.ebcflex.com](http://www.ebcflex.com) – Click on Participant Log-in - Claims and Payments – File a Claim.

Upload one of the following items with your claim:

- o **Receipt, invoice, or bill** from your healthcare provider listing the date you received the service, the cost of the service, the type of service, and the person for whom the service was provided
- o **Explanation of Benefits (EOB)** from your health insurance provider showing the type of service you received, the date and cost of the service, any uninsured portion of the cost.

**OR**

2. Download and complete a FSA Claim Form ([www.ebcflex.com](http://www.ebcflex.com) - Forms and Reports - Employee Administration Documents - Claim Form - including one of the following items with your claim:

- o **Receipt, invoice, or bill** from your healthcare provider listing the date you received the service, the cost of the service, the type of service, and the person for whom the service was provided
- o **Explanation of Benefits (EOB)** from your health insurance provider showing the type of service you received, the date and cost of the service, any uninsured portion of the cost.
- o Submit the form by fax (1-608-831-4790) or mail to Employee Benefits Corporation, PO Box 44347, Madison, WI 53744-4347

**DO NOT** send claim forms to the Benefits Office.





Employee Benefits Corporation

## Employee Worksheet

Fax to: 608 831 4790  
 Mail to: Employee Benefits Corporation, PO Box 44347, Madison WI 53744-4347  
 Phone support: 800 346 2126 | 608 831 8445  
 E-mail support: participantsservices@ebcflex.com

This worksheet will help you estimate the expenses for you, your spouse, and eligible dependents. Transfer the Deduction Per Pay Period for Health and Dependent Care to the Enrollment Form.

### Group Insurance Premiums

If you participate in your employer's insurance plan(s), your premiums are deducted from your pay pre-tax unless you notify your employer otherwise.

### My BESTflex Plan Accounts

If you establish a Health Savings Account (HSA), you may only enroll in the Limited Health Care FSA, which can only reimburse you for eligible dental, vision and preventative expenses and the Dependent Care FSA.

### My Plan Dates (Refer to "My Company Plan" Eligibility section)

My Effective Start Date (mm-dd-yyyy) \_\_\_\_\_ to \_\_\_\_\_  
 My Plan Year Start (mm-yyyy) \_\_\_\_\_ My Plan Year End (mm-yyyy) \_\_\_\_\_ # Payroll Deductions \_\_\_\_\_

### Examples of Eligible Health Care FSA Expenses:

#### DENTAL SERVICES

\$ \_\_\_\_\_ Crowns/Bridges  
 \$ \_\_\_\_\_ Dental X-Rays  
 \$ \_\_\_\_\_ Dentures  
 \$ \_\_\_\_\_ Exams/Teeth Cleanings  
 \$ \_\_\_\_\_ Extractions  
 \$ \_\_\_\_\_ Fillings  
 \$ \_\_\_\_\_ Gum Treatments  
 \$ \_\_\_\_\_ Oral Surgery  
 \$ \_\_\_\_\_ Orthodontia/Braces

#### INSURANCE-RELATED ITEMS

\$ \_\_\_\_\_ Copays  
 \$ \_\_\_\_\_ Coinsurance  
 \$ \_\_\_\_\_ Deductibles

#### LAB EXAMS / TESTS

\$ \_\_\_\_\_ Blood Tests  
 \$ \_\_\_\_\_ Cardiographs  
 \$ \_\_\_\_\_ Diagnostic Fees  
 \$ \_\_\_\_\_ Laboratory Fees  
 \$ \_\_\_\_\_ Spinal Fluid Tests  
 \$ \_\_\_\_\_ Urine/Stool Analyses  
 \$ \_\_\_\_\_ X-Rays

#### MEDICATION

\$ \_\_\_\_\_ Insulin  
 \$ \_\_\_\_\_ Prescribed Birth Control  
 \$ \_\_\_\_\_ Prescribed Vitamins\*  
 \$ \_\_\_\_\_ Prescription Drugs (including co-pays)\*

#### OVER-THE-COUNTER MEDICINE

**Important:** Starting January 1, 2010, the following over-the-counter medicines can only be reimbursed by the BESTflex Plan with a doctor's prescription:

\$ \_\_\_\_\_ Allergy Medicines  
 \$ \_\_\_\_\_ Antihistamines  
 \$ \_\_\_\_\_ Analgesics  
 \$ \_\_\_\_\_ Antacids  
 \$ \_\_\_\_\_ Anti-Diarrhea Medications  
 \$ \_\_\_\_\_ Anti-Itch Medications  
 \$ \_\_\_\_\_ Anti-Nausea Medications  
 \$ \_\_\_\_\_ Aspirin  
 \$ \_\_\_\_\_ Athletes Foot Creams and Powders  
 \$ \_\_\_\_\_ Cold Sore Remedies  
 \$ \_\_\_\_\_ Cough Drops  
 \$ \_\_\_\_\_ Cough Syrups  
 \$ \_\_\_\_\_ Decongestants

\$ \_\_\_\_\_ Subtotal

\$ \_\_\_\_\_ Eye Drops  
 \$ \_\_\_\_\_ Fever Reducers  
 \$ \_\_\_\_\_ First Aid Cream (Bactine, special diaper rash ointments, calamine lotion, bug bite medication, wart remover treatments)  
 \$ \_\_\_\_\_ Digestive Tract Relief Medications  
 \$ \_\_\_\_\_ Flu and Cold Medications  
 \$ \_\_\_\_\_ Hemorrhoidal Medications  
 \$ \_\_\_\_\_ Laxatives  
 \$ \_\_\_\_\_ Lice and Scabies Treatments  
 \$ \_\_\_\_\_ Menstrual Cycle Products (for pain and cramp relief)  
 \$ \_\_\_\_\_ Motion Sickness Pills  
 \$ \_\_\_\_\_ Muscle / Joint Pain Relievers  
 \$ \_\_\_\_\_ Nasal Sinus Sprays  
 \$ \_\_\_\_\_ Nicotine Gum / Patches  
 \$ \_\_\_\_\_ Pain Relievers  
 \$ \_\_\_\_\_ Pedialyte  
 \$ \_\_\_\_\_ Retin A (non-cosmetic)  
 \$ \_\_\_\_\_ Rubbing Alcohol  
 \$ \_\_\_\_\_ Sinus Medications  
 \$ \_\_\_\_\_ Sleeping Aids  
 \$ \_\_\_\_\_ Smoking Cessation Products  
 \$ \_\_\_\_\_ Sore Throat Sprays  
 \$ \_\_\_\_\_ Special Ointments / Cream for Sunburns  
 \$ \_\_\_\_\_ Throat Lozenges  
 \$ \_\_\_\_\_ Vapor Rubs  
 \$ \_\_\_\_\_ Weight Loss Drugs (only to treat a specific disease)  
 \$ \_\_\_\_\_ Yeast Infection Treatments

#### OTHER MEDICAL TREATMENTS/PROCEDURES

\$ \_\_\_\_\_ Acupuncture  
 \$ \_\_\_\_\_ Alcoholism (inpatient treatment)  
 \$ \_\_\_\_\_ Breast Pumps and Lactation Supplies  
 \$ \_\_\_\_\_ Chiropractor Services  
 \$ \_\_\_\_\_ Drug Addiction (inpatient treatment)  
 \$ \_\_\_\_\_ Hearing Exams  
 \$ \_\_\_\_\_ Hospital Services  
 \$ \_\_\_\_\_ Infertility  
 \$ \_\_\_\_\_ In-vitro Fertilization  
 \$ \_\_\_\_\_ Norplant Insertion or Removal  
 \$ \_\_\_\_\_ Orthopedic Shoes  
 \$ \_\_\_\_\_ Patterning Exercises  
 \$ \_\_\_\_\_ Physical Examination (not employment related)  
 \$ \_\_\_\_\_ Physical Therapy

\$ \_\_\_\_\_ Subtotal

\$ \_\_\_\_\_ Speech Therapy  
 \$ \_\_\_\_\_ Sterilization  
 \$ \_\_\_\_\_ Vaccinations and Immunizations  
 \$ \_\_\_\_\_ Vasectomy and Vasectomy Reversals  
 \$ \_\_\_\_\_ Well Baby Care

#### OTHER MEDICAL SUPPLIES/SERVICES

\$ \_\_\_\_\_ Abdominal/Back Supports  
 \$ \_\_\_\_\_ Ambulance Services  
 \$ \_\_\_\_\_ Arches (requires doctor's prescription)  
 \$ \_\_\_\_\_ Contraceptives  
 \$ \_\_\_\_\_ Counseling (except for Marriage and Family)  
 \$ \_\_\_\_\_ Crutches  
 \$ \_\_\_\_\_ Guide Dog (and other animal aides)  
 \$ \_\_\_\_\_ Hearing Aids & Batteries  
 \$ \_\_\_\_\_ Hospital Bed  
 \$ \_\_\_\_\_ Insulin Supplies  
 \$ \_\_\_\_\_ Learning Disability (special school/teacher)  
 \$ \_\_\_\_\_ Lead Paint Removal (if not capital expense and incurred for a poisoned child)  
 \$ \_\_\_\_\_ Medic Alert Bracelet or Necklace  
 \$ \_\_\_\_\_ Medical Miles, Tolls, and Parking  
 \$ \_\_\_\_\_ Orthopedic Shoes (cost above regular shoes)  
 \$ \_\_\_\_\_ Oxygen Equipment  
 \$ \_\_\_\_\_ Pregnancy Tests  
 \$ \_\_\_\_\_ Pre-Natal Vitamins  
 \$ \_\_\_\_\_ Prosthesis  
 \$ \_\_\_\_\_ Reading Glasses  
 \$ \_\_\_\_\_ Splints/Casts  
 \$ \_\_\_\_\_ Support Hose (if medically necessary)  
 \$ \_\_\_\_\_ Syringes  
 \$ \_\_\_\_\_ Transportation Expenses (essential to medical care)  
 \$ \_\_\_\_\_ Wheelchair  
 \$ \_\_\_\_\_ Wigs (hair loss due to disease)

#### VISION EXPENSES

\$ \_\_\_\_\_ Contact Lenses  
 \$ \_\_\_\_\_ Contact Lens Solution  
 \$ \_\_\_\_\_ Eye Examinations  
 \$ \_\_\_\_\_ Eyeglasses  
 \$ \_\_\_\_\_ Laser Eye Surgeries  
 \$ \_\_\_\_\_ Prescription Sunglasses  
 \$ \_\_\_\_\_ Radial Keratotomy/LASIK

\$ \_\_\_\_\_ Subtotal

This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please refer to Section 213 of the Internal Revenue Code or call our toll free customer service line 800 346 2126.

Some medically necessary items may be covered by the Health Care FSA if prescribed by a physician for a specific medical condition. The prescription should contain the specific medical condition and timeframe for treatment.

#### OVER-THE-COUNTER (OTC) MEDICINE

Important note about OTC medicine reimbursement: The Health Care FSA only reimburses your OTC medicine expenses if you have a doctor's prescription for them. Doctor's prescriptions must include the patient name, medication name, dosage, time frame for treatment and any other state law requirements. Only OTC drugs and medicines with a prescription and filled by the pharmacy will be eligible for reimbursement. Make sure you plan your annual Health Care FSA election accordingly.

\*Excludes drugs imported from Canada and other countries

\$ \_\_\_\_\_  
 Total Health or Limited Health FSA Election

\$ \_\_\_\_\_  
 Divided by #Payrolls = Deduction per Pay Period

\$ \_\_\_\_\_  
 Total Dependent Care FSA Election

\$ \_\_\_\_\_  
 Divided by #Payrolls = Deduction per Pay Period



### ■ Contents

<i>How the Benefits Card Works</i>	<i>1</i>
<i>IRS Regulations that Dictate Benefits Card Use</i>	<i>1</i>
<i>How You Receive Your Benefits Card</i>	<i>2</i>
<i>New Plan Year, Same Benefits Card</i>	<i>2</i>
<i>Cut-off Dates for Using the Card</i>	<i>2</i>
<i>Using the Benefits Card to Pay for End-of-Year Expenses</i>	<i>3</i>
<i>Keeping Your Card Active When You Move</i>	<i>3</i>
<i>Documentation Requests</i>	<i>3</i>
<i>Receiving Documentation Requests via Email</i>	<i>3</i>
<i>Benefits Card Suspensions</i>	<i>3</i>
<i>When Expense Documentation May Not Be Required</i>	<i>3</i>
<i>Terminating Employment and the Benefits Card</i>	<i>4</i>
<i>Contact Employee Benefits Corporation</i>	<i>4</i>

## Debit your BESTflex<sup>SM</sup> Plan FSA directly instead of paying out-of-pocket.

With the BESTflex<sup>SM</sup> Plan, you set aside money from your paycheck and place it in a Health Care Flexible Spending Account (FSA) to pay for certain medical expenses before taxes are taken from your pay.

You use the Employee Benefits Corporation Benefits Card to pay for those expenses instead of using cash. The card debits your FSA and makes the BESTflex Plan even more convenient to use.

### ■ How the Benefits Card Works

The Benefits Card debits your BESTflex Plan Health Care FSA when you use the card to pay for eligible health care expenses. For example, if your total Health Care FSA election is \$1,000, the card can pay for up to \$1,000 worth of eligible health care expenses.

### ■ IRS Regulations that Dictate Benefits Card Use

There are several IRS regulations that dictate how the Benefits Card works. Taking some time today to understand the most important rules will help you use your card in the most convenient ways during the plan year.

## Remember to ask for and **SAVE** itemized expense documentation when you use your Benefits Card!

### Eligible Expenses

You can use your Benefits Card to pay for the same services and eligible health care expenses that qualify under the BESTflex Plan Health Care FSA instead of paying out-of-pocket.

### Where You Can Use Your Benefits Card

You can use the card to pay for these expenses at retailers and pharmacies that automatically substantiate the purchase at the point of sale using an inventory information approval system (IIAS). The IIAS determines whether expenses are FSA-eligible, and only applies those expenses to the card.

The growing “List of IIAS Retailers” and a store locator are available at [www.ebcflex.com](http://www.ebcflex.com) to help you determine whether the card will work at your preferred merchants. If a retailer cannot substantiate the purchase at the point of sale, your card will be declined.

As always, contact our Participant Services Team via email at [participantservices@ebcflex.com](mailto:participantservices@ebcflex.com) or call 800 346 2126 to help determine if a merchant or item is eligible.

You can also use the card at health care, dental and vision provider offices. Transactions at these merchants may require that you submit expense documentation to manually substantiate the transaction.

### What To Do With Benefits Card Expense Documentation

**Save your Benefits Card expense documentation!** If your purchase is not substantiated at the point of sale, you will receive a **Documentation Request** asking you to submit **itemized** expense documentation. The documentation allows us to verify that you used the card to pay for an eligible expense, as required by the IRS.

These are federal mandates and the IRS provides no exceptions.

You CANNOT use your Benefits Card to pay for an expense that is already covered by your health insurance. Before you pay a doctor's bill or other such expense, check your Explanation of Benefits, sent to you by your health insurance plan, to be sure that it won't be covering that bill. You can use your card to pay for the portion of the expense that isn't covered.

### Over-the-Counter Medicines

The Health Care FSA only reimburses over-the-counter (OTC) medicine expenses with a doctor's prescription for them.

In order to use your card to pay for OTC medicines, you must present your doctor's prescription to the pharmacist, and the pharmacist must fill the OTC medicine in accordance with applicable law and assign a prescription number.

You can use your card as normal to purchase OTC items that are not considered a drug or a medicine, such as bandages, contact lens solution, heating pads, ice packs, reading glasses and thermometers. You will also be able to use your card to pay for insulin and diabetic supplies.

Please reference the *Eligible Expenses List* for more information.

### Retailers that Can Accept the Benefits Card

The Benefits Card will not be accepted at retailers that qualify under the “90% rule.” These merchants could verify that 90% of their annual revenue is generated by FSA-eligible items.

This means that your card may be declined at a local pharmacy. Reference the “List of IIAS Retailers” at [www.ebcflex.com](http://www.ebcflex.com) to determine whether your card will work at your preferred merchants.

### How You Receive Your Benefits Card

Your employer has made the Benefits Card part of your BESTflex Plan Health Care FSA. You elect the card by electing the Health Care FSA or completing a special election form.

Once you enroll in the BESTflex Plan Health Care FSA, the Benefits Card is mailed directly to your home. The envelope will contain your card, a cardholder agreement and an information flyer. Watch for it to arrive within 30 days after your plan start date.

### New Plan Year, Same Benefits Card

If your employer has signed up for the BESTflex Plan and the Benefits Card and you've used your card this year, your new elections will be automatically available on your card at the beginning of your new plan year. As long as your employer continues the BESTflex Plan, you'll receive a new card 30 days prior to your card expiration date.

### Cut-Off Dates for Using the Card

If your employer has added the 2-1/2 month grace period to your BESTflex Plan, you can use your card to pay for expenses that you incur during the grace period. Otherwise, once your grace period ends, you can no longer use the card for previous plan year expenses.

## 3 things you should understand **before** you use your Benefits Card:

**1** You may be asked to document your Benefits Card purchases by providing itemized expense documentation.

**2** **Do not submit documentation until it is requested.** We'll send you a list of card transactions that were not substantiated at the point of sale, which you return to us with a copy of your documentation.

**3** You will be asked to and must repay the expense amount if you make a purchase with the card and, upon request, cannot provide itemized expense documentation for the expense for any reason.

You have 90 days after the plan year ends to submit reimbursement requests for expenses incurred during the previous plan year. See your BESTflex Plan *Summary Plan Description* for more information on the 90-day run-out period.

**Note:** Please consult *My Company Plan* for the specific details defining your company's plan design.

### ■ Using the Benefits Card to Pay for End-of-Year Expenses

You can use the card to pay for items equal to the amount remaining in your BESTflex Plan Health Care FSA and pay for the difference through some other means. Toward the end of the year, frequently check your remaining FSA balance on our website, [www.ebcflex.com](http://www.ebcflex.com), or by calling Employee Benefits Corporation at 800 346 2126. It is important to make sure sufficient funds are available to handle the purchases you plan to make at year's end.

### ■ Keeping Your Card Active When Your Address or Name Changes

Be sure to update your address with your employer and with Employee Benefits Corporation when you move or your card will be declined at any merchant that uses an address verification process. Address changes can be made online through My Account Assistant.

You should also be sure to update your employer and Employee Benefits Corporation if you have a name change. Changes to your last name will result in a new card being issued to you and a fee paid from your Health Care FSA.

## ■ Documentation Requests

Whenever possible, your card tries to electronically verify your purchase at the cash register. However, some card swipes require itemized expense documentation to be submitted in order to verify the transaction. Documentation Requests are sent via email and used to collect your documentation and substantiate the expense. When the card cannot verify a claim electronically or at the cash register:

1. We send you a Documentation Request email outlining the unverified expenses.
2. You upload your documentation to us using our mobile app or from your online account.
3. You can also print and return the tear-off portion of the Request to us via fax or U.S. Mail with copies of your expense documentation for the specified expenses.

If we do not have a valid email address, we will send the Requests via U.S. Mail (this may cause delays in processing your documentation).

#### How Documentation Requests will be sent:

<b>With Email on file</b>	<b>No Email on file</b>
First Notice via email	First Notice via U.S. Mail
Second Notice via email	Second Notice via U.S. Mail
Suspension Notice via U.S. Mail	Suspension Notice via U.S. Mail

If there is no response to the first Request (First Notice), a second Request will be sent to the same email or the same U.S. Mail address (Second Notice). If there is no response to the second Request, you'll receive a letter via U.S. Mail notifying you that your card is suspended (Suspension Notice).

#### Expense documentation must include:

- A. Date(s) of Service
- B. Type of expense
- C. Amount of the expense incurred
- D. Name of Service Provider

**Note:** Cancelled checks, credit card statements or previous balance statements cannot be used as expense documentation.

Please, do not submit Benefits Card expense documentation attached to a *Claim Form*. Do not send in expense documentation unless you receive the Documentation Request.

### ■ Receiving Documentation Requests via Email

If you activated your account at our website ([www.ebcflex.com](http://www.ebcflex.com)) and currently view your account online, we have the email address you provided at that time. This is the email address we will use unless you change it using My Account Assistant or contact us and request that we change it. Log in to update your email preferences.

### ■ Benefits Card Suspensions

Suspension usually occurs because of outstanding, unsubstantiated expenses made using the card. You can request any outstanding Documentation Request. If you cannot supply valid, itemized expense documentation, you must repay the plan.

If your card privileges have been suspended and your employer renews your plan, your card will not be reinstated until you send in valid documentation for the outstanding expenses or repay the plan.

### ■ When Expense Documentation May Not Be Required

There are two instances where documentation may not be required. Although your expense information is submitted automatically in these situations, it is still important that you save your expense documentation in case of a data transfer problem or other error. You should not be asked to submit documentation:

1. When you use your card at your health care provider for an office or prescription co-pay, and the card expense item exactly matches the co-pay item cost your employer has on file with us.
2. As long as you purchase eligible prescriptions, medical supplies or contact lens supplies from retailers that can automatically substantiate your card transactions at the point of sale through an IIAS. We have a full "List of IIAS Retailers" available on our website, [www.ebcflex.com](http://www.ebcflex.com).

**Remember this simple rule: if the provider cannot substantiate the expense at the point of sale, we are required to request documentation to verify the entire transaction.**

If you cannot verify the transaction with expense documentation or you used the card to pay for an ineligible expense, you are asked to repay the plan or your card will be temporarily suspended until payment is received.

## ■ Terminating Employment and the Card

Your Benefits Card will be closed if you terminate employment with the employer that offers the card. To submit claims during your run-out period after termination, you must use a *Claim Form*.

## ■ Contact Employee Benefits Corporation

If you have any questions regarding the card or any aspect of your BESTflex Plan account, please email [participantservices@ebcflex.com](mailto:participantservices@ebcflex.com) or contact the Participant Services Team at **800 346 2126**.

### Quick Tips for Using the Benefits Card

#### The card may be declined for one of a few reasons:

1. The merchant does not accept the Benefits Card.  
See "IRS regulations that dictate Benefits Card use".
2. The expense is not eligible under the BESTflex Plan.
3. Your card has been temporarily suspended due to an unsubstantiated or ineligible expense.

#### You may have to submit expense documentation for transactions from some merchants, and not from others.

Many eligible merchants can automatically substantiate – or verify that the expenses paid for with the card are FSA-eligible – your transaction at the point of sale, using an IIAS. Others, including some health care providers, may not have this capability.

**You will receive Documentation Requests by email if you have an email address on file.** These emails are not spam messages, so be sure to watch for them. See "Documentation Requests".

**Save your card, even after you use up your Health Care FSA funds or the BESTflex Plan plan year ends.** You will receive a new card 30 days prior to your card expiration date. See "New plan year, same Benefits Card".

**Use the card to pay for things like** prescription and health plan co-payments, deductibles and co-insurance; "Amount Due" on medical and dental statements; orthodontics; vision services and eyeglasses; eligible medical supplies (bandages, ointments, rubbing alcohol, sunburn cream, contact lens solutions/supplies, crutches, blood pressure and heart rate monitors, and braces); and insulin & diabetic supplies.



#### Online and Mobile Benefits Card Account Management

File claims, manage Benefits Card transactions, and upload documentation online or using an Android or Apple smartphone or tablet!

If a transaction needs documentation, you will receive an email. Simply take a photo of your documentation using your mobile device's camera, attach an image from the device's photo library or from your computer's desktop and submit it to us.

**Employee  
Benefits  
Corporation**  
We make it easy.

P: 800 346 2126 | 608 831 8445  
F: 608 831 4790  
P.O. Box 44347  
Madison, WI 53744-4347  
An employee-owned company  
[www.ebcflex.com](http://www.ebcflex.com)

# Milwaukee County Life Insurance Plans

## Administered by MetLife

Milwaukee County provides life insurance to help protect your family in the event of your death.

### Basic Life Insurance:

Milwaukee County Employees are eligible for up to 1 times their annual salary (on record as of the end of the previous calendar year), rounded up to the next \$1,000 in basic life insurance coverage. Milwaukee County provides the first \$25,000 (\$20,000 for select bargaining units) of that coverage. If basic life is elected, employees are responsible for the remainder of the coverage, at a rate of \$0.40 per thousand dollars of covered income.

The amount of your Basic Life Insurance on and after age 65 will be determined by applying the percentage from the table below to the amount of your basic life insurance which would otherwise have been applicable had you not become age 65:

Age of Employee	Percentage
65 but less than 66	92%
66 but less than 67	84%
67 but less than 68	76%
68 but less than 69	68%
69 but less than 70	60%
70 and older	25%

Enrollments after 30 days of employment will require evidence of insurability.

### Additional Coverage:

Employees may also elect additional life insurance coverage for themselves, their spouse, and dependent children.

### Employee Optional/Supplemental Life Insurance:

This “optional” program offers 14 coverage choices in amounts from \$10,000 to \$200,000 at favorable group rates. The amount you select will be in addition to your “basic” (annual salary) coverage. If you meet the underwriting standards of MetLife\* and are approved for coverage, premiums will be paid by you through the convenience of bi-weekly payroll deduction. **Optional Life Insurance is only available to active employees and is not a retirement benefit.**

Your beneficiaries are the same that you designate for your “Basic Coverage.



### Optional/Supplemental Life Insurance Premiums:

To determine your monthly premium, find the appropriate rate in the table below (broken down by age) and multiply it by the number of thousands of dollars of insurance.

Monthly Premium Rates	
Your Age	Rate Per \$1,000
<30	\$0.08
30 – 34	\$0.10
35 – 39	\$0.12
40 – 44	\$0.17
45 – 49	\$0.25
50 – 54	\$0.36
55 – 59	\$0.57
60 – 64	\$0.82
65 – 69	\$1.27
70 – 74	\$2.11
75 +	\$3.69

Enrollments after 30 days of employment will require evidence of insurability and you will not be granted the guarantee issue amount of \$200,000.

During the annual open enrollment period, you may elect to increase your optional life coverage to the next higher level of benefit without completing the evidence of insurability form. If you elect to increase your coverage more than the next higher level, you must complete the evidence of insurability form and submit it to MetLife for approval.

### Spouse Life Insurance:

Employees may elect coverage for their spouse in \$10,000 increments. The maximum amount of coverage is the lesser of 50% of your combined basic and optional coverage or \$100,000. To determine your monthly premium, find the appropriate rate in the table below and multiply it by the number of thousands of dollars of insurance.

Age:	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-70
Spouse	\$0.07	\$0.09	\$0.10	\$0.13	\$0.19	\$0.33	\$0.53	\$0.92	\$1.56

In order for your dependent spouse to be covered for spousal life insurance greater than \$20,000, evidence of good health must be submitted to MetLife.

Enrollments after 30 days of employment will require evidence of insurability and you will not be granted the guarantee issue amount of \$20,000 for spouse life.

## Dependent Child Life Insurance:

Employees may elect \$5,000, \$10,000, or \$12,500 of coverage for their dependent children. The premiums for this coverage are listed in the table below.

Coverage Amount	Monthly Rate
\$5,000	\$0.36
\$10,000	\$0.72
\$12,500	\$0.90

If you make a request during an annual open enrollment period, to increase your dependent life benefit to the next higher level, evidence of insurability is not required. If you make a request to increase to more than the next higher level of coverage, you must submit evidence of insurability for each of your dependents to MetLife.

**"Dependent" For Purposes of Dependent Life Insurance** means your unmarried child **except for**:

1. a person who is in the military or like forces of any country or of any subdivision of a country;
2. a person who is covered under This Plan as an Employee;
3. a person who lives outside the United States or Canada;
4. a child who:
  - a. is 19 years of age or older and who is employed on a full-time basis; or
  - b. is 19 years of age or older and who is not a full-time student at an approved school
  - c. is 25 years of age or older

If a Dependent child is a Covered Person on the day before that child has reached the applicable age limit, that child will continue to be a Dependent after the age limit as long as:

- a. that child is and remains unable to work in self-sustaining employment because of:
  - i. physical handicap; or
  - ii. mental retardation; and
- b. that child is and remains chiefly dependent upon you for support; and
- c. that child is and remains a Dependent, as defined, except for the age limit; and
- d. you give MetLife proof, when they ask for it, that the child is and remains so unable to work and dependent upon you since the age limit. MetLife will not ask for proof more than once a year. The proof must be satisfactory to MetLife

## Important Considerations:

This is "**Term**" insurance only. You may not borrow against it and no cash value accrues. You pay the full monthly premium based on your age and coverage amount. Premiums will be deducted from the first two paychecks of each month.

**Note:** You may not apply for optional life coverage if you do not have "basic" coverage for any reason, for example, you did not apply or want coverage when hired, you voluntarily canceled coverage or lost coverage due to nonpayment of premium while on leave of absence. You must first be approved for "basic" coverage through an insurability application.



# **Employee Assistance Program**

***Administered by United Behavioral Health***

## **What is an Employee Assistance Program (EAP)?**

An EAP is a service designed to help you manage life's challenges. Everyone needs a helping hand once in a while, and your EAP can provide it. EAP can refer you to professional counselors and services that can help you resolve emotional health, family, and work issues. The following services, paid for by Milwaukee County, are available:

## **Clinical Counseling**

EAP can provide an assessment, assistance and referral to additional services when needed. Both face-to-face and telephonic consultations are available. Eligible members are entitled to up to 3 counseling sessions per incident per calendar year, for a wide range of emotional health issues, including:

- Marital, relationship, and family problems
- Alcohol and drug dependency
- Stress and anxiety
- Depression
- Grief and loss

## **Work & Life Services**

Telephonic consultations are available for:

- Financial issues and Federal tax assistance
- Pre-retirement planning
- Organizing life's affairs
- Concierge services
- Legal services (telephonic or face-to-face)

If you need help,  
call this toll-free number  
24 hours/day, 7 days/week:

**(800) 622-7276**

**or log on to**

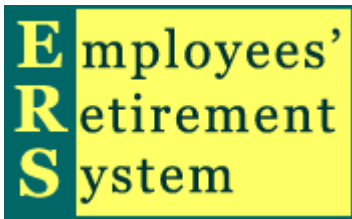
**[www.liveandworkwell.com](http://www.liveandworkwell.com)**

**access code: milwaukee**

## **Online Member Services**

Access EAP information and tools online. With the click of a mouse you can:

- Search for an UnitedHealthcare counselor and get a referral
- Manage your stress with interactive tools
- Ask about an emotional health question
- Obtain information on a wide variety of EAP-related topics



# Retirement Benefits



The Employees' Retirement System (ERS) is a single-employer plan that was created to encourage qualified personnel to enter and remain in the service of the County of Milwaukee by providing a system of retirement, disability and death benefits to or on behalf of its employees. The County was mandated to create the ERS as a separate legal entity with the passage of Chapter 201 of the Wisconsin State Statutes in 1937.

The authority to manage and administer the ERS is vested in the Pension Board. The Pension Board consists of ten members – three members appointed by the County Executive (subject to confirmation by the County Board of Supervisors), two members appointed by the County Board Chairman (subject to confirmation of the County Board and County Executive), four elected members consisting of three employee-members and one retired member, and one member appointed by the Deputy Sheriff Association.

The County and ERS members make contributions to ERS based on actuarially determined contribution requirements, as well as additional contributions made at the discretion of the County Board. Actuarially determined contribution requirements are set during the County's budget process.

## Benefits

Participation in ERS is automatic with the exception of excluded employees (i.e., Pension Board and Commission members and employees covered under the OBRA Plan). Benefits available include:

- Monthly Pension Benefit
- Disability Benefit
- Death Benefit

The normal retirement benefit is a monthly pension for the life of the participant. For most employees, the formula used to determine the monthly pension benefit is based on a multiplier (the multiplier is determined by Ordinance, Union contract and ERS enrollment date) times service credits times the final average salary. Service credits, in general, are based on the years of employment history with the County. Final average salary for most members is a calculation based on the three highest consecutive years of earnings. The formula includes various dates, union contracts, Milwaukee County Ordinances, State Statutes and other qualifying factors.

To receive a pension benefit from Milwaukee County, you must satisfy age and vesting requirements. To receive a normal retirement pension you must be 55 with 30 service credits, age 60 and vested or age 64 and vested. If you are at or beyond your normal retirement age when joining Milwaukee County, you are automatically vested. You could also be eligible for an early retirement pension at age 55 with 15 service credits.

If you leave Milwaukee County employment prior to attaining your normal retirement age and are vested, you may be eligible to receive a Deferred retirement pension when you reach your normal retirement age.

If you have service credit from one of the other public retirement systems (State of Wisconsin Retirement System or City of Milwaukee Employees Retirement System), there may be special provisions available. This information should be provided to ERS at the time of your employment.

A member is considered vested to receive a pension benefit with:

- Five service credits
- Military Service Credit (Add-on)
- Reciprocity Service Credit (Vesting and pension enhancement in other systems).

Deputy Sheriffs are required to have 10 service credits for vesting.

For additional information regarding the Employees' Retirement System, please call 414-278-4207

### **Deferred Compensation**

In today's economy retirement income typically comes from four sources: Social Security, employer provided retirement plans, personal savings, and work continuation. Milwaukee County has established a Deferred Compensation plan to help you meet your retirement income needs. All current Milwaukee County employees are eligible to participate in the Deferred Compensation Plan. Enrollments in the plan can occur at any time throughout the year. Once you've decided to enroll, a plan representative will explain the plan, provide the necessary paperwork and help you complete the appropriate forms.

Deferred compensation is an Internal Revenue Service (IRS) term. It refers to the employee's ability to save money through regular payroll deductions on a pre-tax basis. Pre-tax means that neither the money saved nor the earnings on the invested funds is subject to federal or state income taxes until withdrawn. Because of this tax break, dollars set aside under this program provide greater benefits than dollars saved under ordinary savings plans. This program is designed to enable you to supplement your retirement income. For that reason there are very stringent rules regarding when and under what circumstances you can withdraw your money before retirement. This program should not be thought of as a passbook savings vehicle. You'll want this money to grow into a nice retirement fund.

Your Deferred Compensation is payable to you upon one of these five events – termination of employment, retirement, disability, death or severe financial hardship.

If you would like additional information on the Deferred Compensation plan or would like to enroll, please contact our current plan administrator, Empower Retirement, at 414-223-1921.

# **Milwaukee County's Deferred Compensation Plan**

*Administered by Empower Retirement*

## **What is a deferred compensation plan?**

The Milwaukee County Deferred Compensation Plan (Plan) is a governmental 457(b) deferred compensation plan that allows employees to supplement any existing retirement and pension benefits by saving and investing traditional before-tax dollars and/or Roth after-tax dollars as 457(b) elective contributions.

## **Why should I participate in the Plan?**

You may want to participate if you are interested in saving and investing additional money for retirement and/or in the case of before-tax contributions, reducing the amount of current state and federal income tax you pay each year. Your Milwaukee County Deferred Compensation Plan can be an excellent tool to help make your future more secure.

You may also qualify for federal income tax credit by participating in this Plan. For more information about this tax credit, please contact your Great-West Retirement Services representative.



## **Who is eligible to enroll?**

All current employees of Milwaukee County are immediately eligible to participate in the Plan. Please contact your Empower Retirement Services representative if you have any questions and to enroll in the Plan. Individuals who have separated from service or have retired are eligible to keep their balance in the Plan.

## **What are the contribution limits?**

In 2017, the maximum amount you may defer from your salary is 80% or your includible compensation (as defined by the Internal Revenue Code) or \$18,000, whichever is less. This is the total amount you may contribute with before- and after-tax contributions combined.

Those participants who are age 50 and older may contribute an additional \$6,000 to the Plan in 2017. This means that participants age 50 and older can contribute a maximum of \$24,000 or 80% of includible compensation, whichever is less, for the 2017 calendar year.

For more information, you may contact the local office located in the Milwaukee County Courthouse, 901 N 9<sup>th</sup> Street, Room 212-C or by calling (414) 223-1921.

# Make your benefits count!



## Milwaukee County Voluntary Benefits

As an employee of Milwaukee County you have the opportunity to apply for personal insurance products from Colonial Life! These benefits enhance your current benefits portfolio and can be customized to fit your individual needs.



For more information contact:

**Linda Synor**

**Phone: 414-446-8494**

**Email: [linda.synor@coloniallife.com](mailto:linda.synor@coloniallife.com)**

**or**

**Colonial Life Customer Service:**

**800-325-4368**

## The following voluntary benefits will be offered during the enrollment:

**Accident insurance** helps offset unexpected medical expenses, such as emergency room fees, deductibles and co-payments that can result from a fracture, dislocation or other covered accidental injury.

**Critical illness insurance** supplements your major medical coverage by providing a lump-sum benefit you can use to help pay for the direct and indirect costs related to a covered critical illness, such as heart attack, end-stage renal failure, coronary artery bypass surgery, stroke or major organ transplant.

**Disability insurance** replaces a portion of your income to help make ends meet if you become disabled from a covered accident or covered sickness. *Guaranteed Issue is available within a certain limits basis for NEW employees only!*

## With most Colonial Life insurance products:

- Benefits are paid directly to you, unless you specify otherwise.
- You can continue coverage with no increase in premium when you retire or change jobs.
- You're paid regardless of any other insurance you may have with other insurance companies
- Coverage is available for your spouse and dependent children.

## ADDITIONAL OFFERING

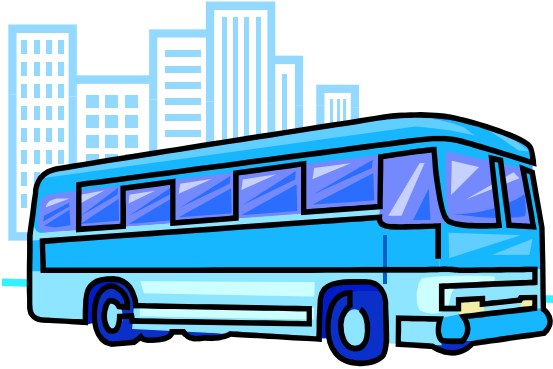
**KOFE** provides a comprehensive corporate financial wellness program to help individuals live within their means and stay financially fit.

Coverage is subject to policy exclusions and limitations that may affect benefits payable. See your Colonial Life benefits counselor for complete details.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC  
©2016 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company. 11-16 | NS-15448

[ColonialLife.com](http://ColonialLife.com)

# Commuter Value Pass Program



All active Milwaukee County Employees are eligible to participate in the Commuter Value Pass (CVP) program through the Milwaukee County Transit System (MCTS). As a CVP participant, you will enjoy unlimited MCTS transit including Freeway Flyer and trolley service as well as all special event shuttles (SummerFest, State Fair, etc.) for only \$10.00 per month! (deducted equally over 24 pay periods) Additionally, the CVP is good for 90 days at a time so you can eliminate the hassle of purchasing weekly MCTS fares.

## **Enrollment Process:**

Employees must apply for the CVP program using the Benefit Enrollment System, print a copy of the enrollment confirmation and bring it to the main transit office. Employees will have a photo taken and will be issued a bus pass on site. The transit office is located at:

1942 N. 17th Street  
(Open Monday –Friday from 8:00 a.m. – 4:00 p.m.).

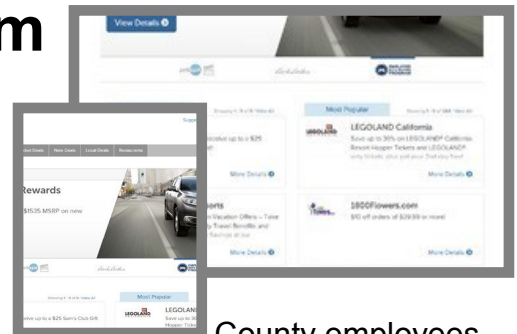
Employees who enroll will become effective on the first day of the following month.

## **Questions?**

Call Milwaukee County Transit System at 414-343-1777 and ask about the CVP for Milwaukee County, or contact your Departmental Human Resources Partner.

# Employee Discount Program

Milwaukee County Human Resources has partnered with Perkspot.com to provide discounts to Milwaukee County employees for a wide range of retailers and service providers, including electronics, clothing, vehicles, travel, movie & sporting event tickets, and many more. You can also request Perkspot to negotiate new discounts for Milwaukee by clicking on the “suggest a merchant” feature at the top of the page. Discount offers are updated frequently, and any new discounts that either Perkspot or Milwaukee County Human Resources secures for County employees will be made available on this site.



County employees

To register, please visit [mkecounty.perkspot.com](http://mkecounty.perkspot.com). Registration is easy. All you need to provide is your zip code and any e-mail address.





# Milwaukee County Wellness Program

The Milwaukee County wellness program, Health Matters, is voluntary, but it comes with incentives for those who choose to participate. The wellness program includes annual health assessments, access to health related resources, various wellness related challenges and activities, stress management trainings, and many other opportunities. We believe in providing employees with a variety of wellness services that cater to the whole wellbeing of a person.

The core of the wellness program consists of an annual health assessment. This provides participants a snapshot of their overall health and connects them with health coaches who can help them understand their results and come up with a plan to help them achieve their personal wellness goals.

Participation in the annual health assessments is voluntary and those who choose to complete the necessary steps will receive a monthly premium reduction equivalent to either 30% of the premium or \$50, whichever is the lesser. A health assessment includes a fasting biometric health screen and an online questionnaire. Those who complete both pieces will receive the incentive. Furthermore, employees who are identified through the health assessment as being at a high risk are asked to speak with a health coach once a quarter in the calendar year in order to continue to receive the incentive.

The County works with experts from Froedtert Workforce Health to administer the health assessments. Froedtert Workforce Health must follow the same laws and regulations as your personal physician and will not share your personal health information with the County, its agencies, or any other organization. Froedtert Workforce Health will only provide the County with aggregate data and general population health reports for future planning purposes. Your individual private health information cannot be determined from the aggregate data.

During the first quarter of the year (January – March) Workforce Health comes onsite to Milwaukee County locations for employees to complete their annual health assessment. New hires who are not able to take advantage of the onsite assessments can still participate by working with Workforce Health to complete the requirements.

**All new hires must register with Workforce Health by calling them at 414-777-3446. Workforce Health will explain the process and schedule any necessary appointments.**

## Health Assessment Biometric Screen

Workforce Health will explain that there are two options for completing the biometric screen:

### Option 1:

Obtain a physician results form from Workforce Health and go to your physician to have the screen completed. The form must be completed by your physician and faxed from their office. It will be considered incomplete if there are any missing biometrics.

### Option 2:

Schedule an appointment at Workforce Health's facility to receive the fasting biometric

screening. They are located at W129 N7055 Northfield Drive Building B Menomonee Falls, WI 53051.

As part of the biometric screening process you will review your results with one of Workforce Health's health coaches. If you submit physician results you will do this telephonically with a health coach. If you go to their location you will do this immediately following the biometric screen.

After completing all the necessary steps, Workforce Health will send you a letter confirming your participation and to provide you a score from the biometric screen. Based on this score, you may be asked to schedule and participate in quarterly coaching sessions in order to continue receiving your monthly medical insurance premium reduction.

If your confirmed score is 60 or above, you fall into an excellent, doing well, or at risk category. You will automatically receive the monthly medical insurance premium reduction for the rest of the year and will be reported as "participating" regardless if you are actively working with a health coach.

If your confirmed score is 59 or below, you fall into a high or very high risk category. You are asked to schedule and participate in one 15-minute, Health Coaching session each quarter in the calendar year. Participation is voluntary in Health Coaching and those who do will continue to receive the monthly medical premium reduction. Completion of Health Coaching in one quarter earns you your next quarter incentive. Quarterly coaching deadlines are: June 15<sup>th</sup>, September 15<sup>th</sup> and December 15<sup>th</sup>. All sessions are conducted telephonically at a time convenient for you.

All employees, regardless of their score, are able to work with a Health Coach to reach their individual wellness goals. Contact Workforce Health at 414-777-3446 to get an appointment scheduled.

### **Health Assessment Questionnaire**

Before taking the questionnaire you must speak with Workforce Health to register. The website for the questionnaire is <http://www.workforcehealth.org/milwaukeecounty>. Workforce Health will explain that your username is 0045 followed by your clock number. Your password is healthy17. It will ask you to change your password once you have logged in successfully. The questionnaire asks you about your health behaviors and will take approximately ten minutes to complete.

**All new hires will automatically receive the premium reduction for the quarter that their benefits become active. If the health assessment is not completed by the quarterly deadline (June 15<sup>th</sup>, September 15<sup>th</sup>, December 1<sup>st</sup>) the new hire will pay regular premium rates in the next quarter. For example, if someone starts in April, their benefits become active in May, so they will receive the reduced premiums for May and June and will have until June 15<sup>th</sup> to complete the health assessment in order to continue receiving the incentive.**

**\*\*\*Milwaukee County will not receive any information from Workforce Health that can be used to identify an individual employee's health information. \*\*\***



**Important information:**

Spouses and dependents are not required to participate in order for the employee to receive the incentive.

For accurate results, remember to fast for your biometric screening appointment. Nothing to eat or drink, except water, 10 to 12 hours prior to your appointment.

Health Coaching is a one-on-one interaction with a certified health coach who is there to help you achieve your health related goals, keep you accountable, and encourage you. Nothing ever said with the health coach will be reported back to Milwaukee County.

The program is participation based. If you set a goal during your assessment or coaching session and do not meet it you will not be penalized.

**Other Wellness Information**

There will be many opportunities to participate in wellness activities, separate from the health assessments, within the wellness program. Communication regarding programs and activities comes out in the weekly What's Up email that is sent out every Friday.

**Contact Information:**

Claire Schuenke

Wellness Coordinator

[Claire.Schuenke@milwaukeecountywi.gov](mailto:Claire.Schuenke@milwaukeecountywi.gov)

414-278-4938

## **Health Assessment Personal Wellness Profile™ Frequently Asked Questions**

### **MILWAUKEE COUNTY**

#### **1. What is a “Personal Wellness Profile™”?**

- The Personal Wellness Profile™ is a Health Assessment (HA) developed by Wellsource®. This HA is a tool that will:
  - Measure your current health status
  - Help you become aware of your health needs and lifestyle practices
    - Identifies risk factors
    - Provides you with individualized feedback
    - Provides you with a “wellness score”
    - Identifies your “health age”
  - Guides you in achieving and maintaining good health
    - Highlights areas that need medical follow up
    - A tool to share and discuss with your personal health care provider
    - Provides you with recommendations for change and resources

#### **2. What are the components of the Personal Wellness Profile™?**

- **Online Lifestyle Assessment Questionnaire**
  - Questions that focus on physical activity, nutrition, safety, alcohol and/or drug use, tobacco use, stress, disease risk, weight loss and your heart health. Completed in your own personal profile on the Workforce Health program’s secure website.
- **Biometric Screenings**
  - The following screenings are completed at your worksite by health care professionals from Workforce Health. These screenings are used in the assessment of your Personal Wellness Profile™. The screenings are:
    - Blood pressure
    - Lipid profile (total cholesterol HDL, LDL, triglycerides)
    - Blood glucose
    - Height, weight and waist measurements

**Please note that for accurate results a 12 hour fasting is required. Drink at least 16 ounces of water and take your medications as prescribed.**

- **Confidential Individualized Report**
  - With the completion of the lifestyle assessment questionnaire and biometric screenings your health information is combined to create your personal and individualized report. This report will provide you with your overall wellness score / health age, recommendations for improvement and reinforcement for maintenance of current health behaviors. It will also help with goal setting, highlight any areas that require medical follow up and more. Our health educators will discuss your report with you.
- **Health Education**
  - After completing your biometric screening, you will immediately meet with the health educator to discuss your biometric screening results as well as your healthy lifestyle behaviors outlined in your individual report.

## **Health Assessment Personal Wellness Profile™**

*Frequently Asked Questions*

### **MILWAUKEE COUNTY**

**3. Why should I participate / what's in it for me?**

- Approximately 70% of health conditions can be attributed directly to our lifestyle choices. Taking part in the Personal Wellness Profile™ is a way for you to become aware of your current health status and help you identify areas that need improvement for achieving optimal health.

**4. How long does it take to complete the Personal Wellness Profile™?**

- Completion of the online lifestyle assessment takes approximately 20 minutes and must be done prior to your screening and education appointments. The biometric screenings are conducted at your worksite within 10 to 15 minutes. You will then immediately meet with a health educator to enter your new biometric data into your current online profile. The health educator will also discuss your individual health report at this additional 15 minute session.

**5. How is my employer involved with the Personal Wellness Profile™ process?**

- Your employer will help you schedule your screening & health education appointments with the Workforce Health team.

**6. What will my employer receive?**

- Your employer will receive a summary report that provides a statistical picture of the health status of the company as a whole. There are no names used in this report, only the sum total for the categories of questions (aggregate data). This information will be used to plan appropriate wellness opportunities for the company.

**7. Will I be able to complete the Personal Wellness Profile™ during work time?**

- Please discuss this with your manager or supervisor.

**8. When will the Personal Wellness Profile™ screening and counseling appointments be offered to the employees at my company?**

- Please see launch kit for locations, dates and times.

**9. What if I am unable to participate on the date my company has scheduled this opportunity at our worksite?**

- Please contact Milwaukee County's Wellness Coordinator, Claire Schuenke, at 414-278-4938 or e-mail [Claire.Schuenke@milwaukeecountywi.gov](mailto:Claire.Schuenke@milwaukeecountywi.gov)

If you have any questions, please do not hesitate to contact  
Froedtert & the Medical College of Wisconsin  
Workforce Health at 414-777-3446

# Mandatory Direct Deposit of Payroll Checks

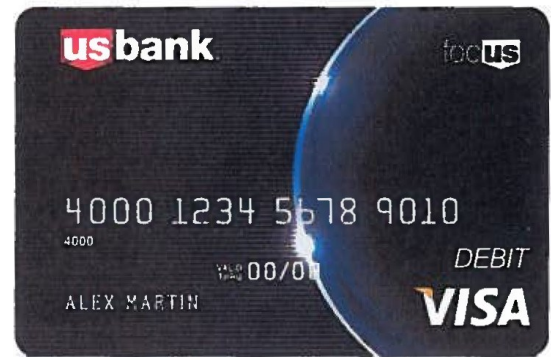
**Mandatory Direct Deposit.** Direct Deposit of payroll checks is mandatory for all Milwaukee County Employees.

**Direct Deposit to Your Bank or Credit Union:** Ceridian Self Service provides all the necessary tools to get you started on direct deposit with your Bank, or Credit Union. Ask your payroll clerk what you need to do to begin the direct deposit of your check.

**U.S. Bank Focus Debit Card:** Employees who need another alternative to direct deposit should consider the U. S. Bank Focus Card. The Focus Card does not require that you have a bank account, nor does it require any pre-approval. The Focus Card is instead a debit card, where your net pay is deposited.

## What is the Focus Card?

- A Visa prepaid card issued by U.S. Bank.
- Payroll is automatically loaded to the card just like direct deposit to a bank account.
- Works like other Visa debit cards to make purchases, pay bills or get cash.



## Why a Prepaid Card?

**Convenient** – Allows employees to receive payroll electronically without needing a bank account.

**Fast** – Funds available the morning of payroll No waiting for a check.

**Safe** – Safer than carrying cash. Visa protection if lost or stolen

### Ideal for employees who:

- Don't have or want a bank account
- or–
- Want a separate account to help with budgeting

### Using the Focus Card –

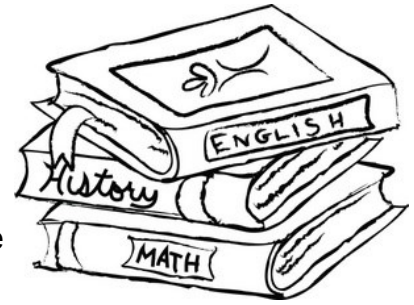
- Use at millions of places that accept debit cards
- Make purchases in stores, over the phone, online or pay bills
- Get cash at over 1.3 million Visa/Plus® ATMs.
- Use the cash-back option at participating merchants like grocery stores

Go to Ceridian Self Service to sign up for a U.S. Bank Focus Card or see your payroll clerk for more information. Fees are minimal if card is lost or you exceed the card balance.

# Tuition Reimbursement Program

## Overview

Milwaukee County encourages all employees to seek out learning opportunities that enhance their skills and provide career development. The Tuition Reimbursement Program was established to provide an opportunity for employees to obtain additional education in order to increase their knowledge and abilities and prepare for future opportunities within the County.



## Eligibility

All benefits-eligible regular appointment employees in good standing are eligible for this program upon completion of one year of service to Milwaukee County. For the purpose of this program, an employee in good standing is defined as an employee who at the time of submitting a pre-approval request has had no corrective action in the past 12 months, and who meets the performance expectations of his or her current position.

All other employees, including Temporary, Seasonal, Hourly, Interns, and Contract employees are ineligible.

## Plan Reimbursement Level

Tuition reimbursement will be provided up to an annual maximum of \$2,500 for employees with annual earnings less than \$75,000. Employees who earn \$75,000 per year or more are limited to \$1,500 per year. For this program, annual earnings are defined as the employee's base hourly pay rate multiplied by the full-time standard of 2,080 hours. Overtime, bonuses, or other compensation will not be considered when applying this limit.

Reimbursement is limited to tuition only. Other expenses, such as textbooks and lab fees are not eligible.

The annual maximum is based on the calendar year, from January through December. Reimbursement will be applied to the calendar year in which the class was successfully completed. For example, if a class is successfully completed in December, but the reimbursement is not paid until January, the reimbursement is considered part of the prior year annual maximum allowable amount.

**Please see the full policy and request form on the Human Resources Webpage at: <http://county.milwaukee.gov/EmployeeBenefits>**

# Milwaukee County - Benefit Enrollment System

## New Hire Enrollment Steps

Enroll via the Internet at:  
**www.benefitenroll.com**

Using the internet to enroll is easy and safe! Our secured website is set up to take you automatically through each of the following steps:

- STEP 1 Log On to Main Menu**  
The website will prompt you to enter your **User ID** and your **Password**.
- Your personal **User ID** is 1083+your clock number.
  - Your default **Password** is the first 5 digits of your Social Security Number. You will be required to change your password the first time you log in.
  - If your password does not work, call the Help Desk at 414-278-7888. An operator will reset your password.
  - From the main menu select **New Hire Enrollment**
- STEP 2 Check your Demographic Information**
- ✓ Is your address correct? If not, inform your local HR/Payroll clerk.
  - ✓ Enter your email address - if you forget your password, you can click "Forgot your password?" on the login screen and a new one will be sent to your email address.
  - ✓ If you have a maiden name you'd like to have on file, you may enter it here.
- Click **Next** to save your entries. If you "back" out, your entries will not be saved.
- STEP 3 Register / Update Your Dependents**  
After reviewing your demographic information, the website will automatically take you to the "Dependent" screen. Please provide your dependent/s' information. You must **ADD** all dependents that you wish to cover in your benefit plans. Click **save** after adding each dependent. Click **next** to confirm that your changes are accurate and continue.
- STEP 4 Enroll In Benefits**  
Beginning with Medical coverage, select your medical plan. Once you have selected your plan, choose which level of coverage you would like. The website will prompt you to repeat this election process for each benefit type. You will only be shown benefits for which you are eligible.
- STEP 5 Review Your Confirmation Statement**  
When you have completed your Benefit Enrollment, review your "Confirmation of Benefits" and be sure that ALL information is correct. If your intent is to cover dependents, check to be sure that each dependent is listed under the benefit plan.
- If you need to change any information, simply click on the benefit link to go make changes to that benefit.
  - You may print this document for your records.

Questions?  
Need Help?

**Call the Employee Benefits Division  
414-278-4198**

or contact your local Human Resources Partner for assistance enrolling

# How To Enroll – A Screen-By-Screen Guide

Upon logging in, Click on “**New Hire Enrollment**” or “**Change Benefits**”. You will be taken to the Demographic page. Check to make sure your information is correct. Enter an email address so if you forget your password, one may be sent to you via email. Click “**next**” to continue.

The image shows two overlapping screenshots. The background screenshot is the 'Benefits Online' login page, featuring a 'Login' section with fields for 'User ID' and 'Password', a 'Forgot your password?' link, and a 'LOGIN' button. To the right is a 'Welcome to Benefits Online' banner with a family photo and the text 'The comprehensive source to help you balance your work and life.' On the far right is a 'Resource Links' section with links to 'Help', 'FAQ', 'New Hire', 'Change Benefits', 'Dependents', 'Medical', 'Dental', 'Life Insurance', 'Flexible Spending', 'Health Savings', 'Voluntary', 'Dependent Care', 'Tuition Reimbursement', 'Employee Assistance', 'Short-Term Disability', 'Long-Term Disability', 'Workers Compensation', 'Unemployment Insurance', 'Retirement', 'Pension', '401(k)', '403(b)', '457(b)', '529', '527', '529(e)', '529(f)', '529(g)', '529(h)', '529(i)', '529(j)', '529(k)', '529(l)', '529(m)', '529(n)', '529(o)', '529(p)', '529(q)', '529(r)', '529(s)', '529(t)', '529(u)', '529(v)', '529(w)', '529(x)', '529(y)', '529(z)'. The foreground screenshot is a demographic form titled 'New Hire Test Participant ID: 000421'. It contains fields for: First Name (Heather), Middle Initial (J), Last Name (Giza), Street Address (3480 W Villa Dr), Address (cont.), City (Franklin), State (WI), Zip Code (53132), Maiden Name, Date of Birth (11/17/1978), E-mail (heather.giza@milwaukee.gov), WorkPhone (4142784197), Home Phone (2624240794), Gender (F), Marital Status (M), Department (Low Org) (1148), Company (High Org) (1140), Union Code (NR), EM Scheduled Hours (80), Appointment Type (RA), Clock Number (142374), and Job Title (BUSINESS MANAGER).

**DEPENDENTS:** You must first make sure your dependents are listed accurately, later you will enroll them. Click the blue name to update a dependent. Click “**add**” to list a new dependent.

**ELECTRONIC SIGNATURE:** Accept this page to verify your truthfulness in enrolling.

The image shows two screenshots. The left screenshot is the 'Dependents' page, titled 'New Hire Test Participant ID: 000421'. It has a 'Dependents' section with instructions: 'If you are making changes to your benefits, or if you are a new enrollee, you must review and add any new information first before making your benefit selections.' It lists three actions: 'To add a new dependent, click the ADD button.', 'To change or update information for an existing dependent, select the appropriate dependent to update and click the UPDATE button.', and 'To terminate a dependent, select the appropriate dependent to delete and click the DELETE button.' Below this is a table with columns 'Name', 'Birth Date', and 'Relationship'. It lists two dependents: 'Joseph Smith' (DOB: 08/15/1989) and 'Matthew Test' (DOB: 08/15/1978). The right screenshot is the 'Electronic Signature / Authorization' page, titled 'New Hire Test Participant ID: 000421'. It contains a section 'Please read this important information:' with four bullet points: 1. 'Milwaukee County will deduct the required amounts from my paycheck for my elected benefits which require cost share. Benefit elections cannot be changed until the next annual Open Enrollment period unless I experience a qualifying life event.' 2. 'I am confirming that all information is represented accurately and that dependents listed on my record are eligible for coverage under the terms of Milwaukee County's benefit plans. I understand I may be required to provide verification of all information contained within my enrollment record.' 3. 'I understand that providing false, incomplete or misleading information is subject to disciplinary action up to and including termination of employment, and that I will be required to compensate the County for any loss of cost sharing.' 4. 'In any instance of a discrepancy between Milwaukee County's written plan documents and the information contained on this site, Milwaukee County's written plan documents will be enforced.' Below the bullet points is a section 'I am responsible for completing the entire enrollment process and confirming at the end of the enrollment that my elections and dependent information are correct on the Confirmation of Employee Benefits page.' At the bottom is a 'Benefit Summary' table with columns 'Benefit', 'Level', and 'Cost'. It lists: 'Electronic Signature / Authorization' (Level: Select, Cost: \$0.00), 'Medical - Opt Out' (Level: Agree, Cost: \$0.00), 'Dental - Waive' (Level: Disagree, Cost: \$0.00), 'Health Care Flexible Spending Account' (Level: \$50.00, Cost: \$50.00), 'Dependent Care Flexible Spending Account' (Level: \$20.00, Cost: \$20.00), and 'Basic Life Insurance' (Level: \$20.00, Cost: \$20.00). There are 'Previous' and 'Next' buttons at the bottom right.

**MEDICAL:** Select the medical election and level you wish. Click “**next**.” If you selected “Employee + Child(ren)” and have more than one dependent, select which dependents you are enrolling. Click “**next**” to continue.

The image shows two screenshots. The left screenshot is the 'Medical' election page, titled 'PARTICIPANT ID: 0022546 | Pending Enrollment'. It has a 'Medical' section with instructions: 'You can choose the medical plan that provides the coverage to best fit your needs. Milwaukee County's medical plan covers a wide range of preventive and about the Benefits and/or providers, please refer to your enrollment materials or contact your departmental payroll clerk for assistance.' Below this is a 'Benefit Summary' table with columns 'Benefit', 'Level', and 'Cost'. It lists: 'Electronic Signature / Authorization' (Level: Select, Cost: \$0.00), 'Medical' (Level: \$62.50, Cost: \$62.50), 'Dental' (Level: \$3.00, Cost: \$3.00), 'Health Care Flexible Spending Account' (Level: \$208.33, Cost: \$208.33), 'Dependent Care Flexible Spending Account' (Level: \$20.00, Cost: \$20.00), 'Basic Life Insurance' (Level: \$8.36, Cost: \$8.36), and 'Optional Life Insurance' (Level: \$10.00, Cost: \$10.00). To the right is a 'Please Select:' section with radio buttons for: 'Single - \$50.00', 'Employee + Spouse - \$112.50', 'Employee + Child(ren) - \$112.50', and 'Family - \$112.50'. There is also an 'Opt-Out' button. The right screenshot is a table titled 'to cover in this plan.' with columns 'Covered Name', 'Gender', 'Birth Date', 'SSN', and 'Relationship'. It lists two dependents: 'Child Test' (Female, 05/14/2006, 845-85-9898, Child) and 'Boy Test' (Male, 04/07/2011, 874-89-8998, Child). There are 'PREVIOUS' and 'NEXT' buttons at the bottom right.



**DENTAL:** Select the dental election and level you wish. Click “next.” If you selected “family” and have more than one dependent, select which dependents you are enrolling. Click “next” to continue.

**Dental**

The Dental plan covers a wide range of dental services that help maintain dental health and treat dental disease or defect. For information about the plan's benefits and/or providers, please refer to your enrollment materials or contact your departmental payroll clerk for assistance.

Please Select:

Single - \$1.00  
 Employee + Spouse - \$3.00  
 Employee + Child(ren) - \$3.00  
 Family - \$3.00  
 Conventional Plan  
 Waive

PREVIOUS NEXT

**Dental Covered Dependents**

Check the box next to the dependents you wish to cover in this plan.

Medical Note: If you are enrolling dependents in either of the Patient Choice plans, enter a Care System code in the Primary Care Physician ID field. Designate a care system. Any changes to your dependent's Care System after enrolling should be done directly with UPS. Search for care system codes by clicking on this link (Care System Codes).

Dental Note: If you are enrolling in a dental HMO with First Commonwealth, you need to provide a dental PCID number. You may search for a provider code online at [www.firstcommonwealth.net](http://www.firstcommonwealth.net) (Click Provider Directory). Click First Commonwealth OHIO. Enter your zip code in step 3 to find a dentist near you. Enter the FCHOP in the box below.

Benefit Summary	Covered Name	Gender	Birth Date	SIN	Relationship
Electronic Signature / Authorization	<input checked="" type="checkbox"/> Jean A. Smith	Female	06/01/1985	000-00-0000	Full-Time Student
Medical	<input type="checkbox"/> Matthew Test	Male	06/01/1975	999-99-9999	Spouse

Health Care Flexible Spending Account \$50.00  
 Dependent Care Flexible Spending Account \$20.00  
 Basic Life Insurance \$20.00  
 Tobacco User Declaration

UPDATE INFO

**VISION:** Select the level you wish. Click “*next*.” If you selected “Employee + Child(ren)” and have more than one dependent, select which dependents you are enrolling. Click “next” to continue.

**Vision**

Your DeltaVision benefits plan is administered through EyeMed Vision Care, one of the nation's leading vision providers. This plan includes coverage for important preventive eye care, and discounts on laser vision correction. For information about the plan's Benefits and/or providers, please refer to your enrollment materials or contact your HR Partner for assistance.

Benefit Summary:	
Electronic Signature / Authorization	
Medical	\$110.00
Dental	\$22.50
Vision	\$3.10
Health Care Flexible	\$62.50

Please Select:

Delta Vision

Single - \$1.02  
 Employee + Spouse - \$2.04  
 Employee + Child(ren) - \$2.08  
 Family - \$3.10  
 Waive

**FLEXIBLE SPENDING ACCOUNTS:** You can put aside pre-tax dollars to pay for medical reimbursements with a Health Care FSA. **You must enroll each year for this benefit.**

**Dependent Care Flexible Spending Account**

Please select an election:

Health Care Flexible Spending Account  
 Dependent Care Flexible Spending Account  
 Waive

Additional Information:

Annual Election Amount: 1200 (Enter an amount between 1 and 5000)

UPDATE INFO

A Dependent Care FSA may only be used for **day care expenses** for your eligible dependent/s.



## LIFE INSURANCE / BENEFICIARIES:

The county provides the option to enroll in Basic Life Insurance. You must be enrolled in Basic Life to be able to enroll in other types of Life Insurance. Basic life insurance becomes effective 6 months after enrollment.

Participant ID: 3208421 | Pending Enrollment

Basic Life Insurance

Milwaukee County provides the option to enroll in Basic Life Insurance equal to one times your annual base salary. The county pays for a portion of this benefit based on your union or employee status.

Basic Life Insurance in excess of \$50,000 is subject to imputed income.

Benefit Summary:	
Dental	\$1.00
TOTAL: \$1.00	

Please Select:	
1 x Annual Salary	Cost: \$32.30
Waive	

PREVIOUS NEXT

Participant ID: 3208421 | Pending Enrollment

Beneficiaries

Primary beneficiary percentages must add up to 100%. Contingent (Secondary) beneficiary percentages must also add up to 100%.

- To add beneficiaries, click on the "Add" button. On the "Beneficiary Details" screen, complete all applicable fields and then save the new record.
- To change or update existing information, select a record by clicking on the beneficiary's name. On the "Beneficiary Details" screen, edit all applicable fields and then save your changes.
- To delete beneficiary information, select a record by clicking on the beneficiary's name. On the "Beneficiary Details" screen, click on the "Delete" button.

When you have finished reviewing and/or updating your beneficiary information, click the "Next" button at the bottom of the page to continue your enrollment.

Please Note: This beneficiary designation revokes any previous designations or primary beneficiaries and contingent (secondary) beneficiaries, if any.

Benefit Summary:	
Dental	\$1.00
Basic Life Insurance	\$32.30
TOTAL: \$33.30	

Please provide the following information:					
Name	SSN	Relationship	Percentage	Type	
JACK JOHNSON JONES	000-00-0000	Child	100	Secondary	
MARY JONES	000-00-0000	Spouse	100	Primary	

BACK COPY ADD NEXT

Participant ID: 3208421 | Pending Enrollment

Beneficiary Details

Please identify and describe your beneficiary:

\* = Required

First Name: MARY

Middle Name:

Last Name: JONES

Social Security No.: 000-00-0000 (Format as 000-00-0000)

Relationship/Trust: Spouse

Percentage: 100 (Enter Numbers Only)

(Uncheck the box for Contingent Beneficiary designation)

Type: ☒ Primary ☐ Secondary

## OPTIONAL LIFE

Optional Life Insurance rates are based on age.

You can choose how much life insurance you want by clicking the button next to your choice. Click "next" to continue.

## SPOUSE LIFE INSURANCE

Spouse life insurance rates are based on age  
Dependent Life Insurance

## DEPENDENT LIFE

Employees can elect coverage for their dependent children

Participant ID: 3208421

Optional Life Insurance

Optional life insurance provides additional financial protection for your survivors if you die while employed by Milwaukee County and covered under this plan. The cost of this benefit is paid entirely by you on an after-tax basis.

You may increase your Optional Life Insurance by one level during open enrollment without having to provide Evidence of Insurability (EOI). If you are electing this benefit for the first time, you may select coverage in the amount of \$5,000 without having to provide EOI. Employees electing amounts in excess of \$5,000 or who are increasing more than one level must submit an Evidence of Insurability (EOI) form found on the EOI Confirmation of Benefits page. If your elections show as "Pending" on the Confirmation of Benefits page print and submit the EOI form directly to SH&LIFE.

Benefit Summary:	Electronic Signature / Authorization	Level
Medical		1000.00

Please select an election:

Select	Level
Medical	1000.00 - \$3.85

Home Administration Employees Reports Configuration Utility

Heather Goa | Participant ID: 4368716

Optional Life Insurance

You can choose how much life insurance you want by clicking the button next to your choice. Click "next" to continue.

Benefit Summary:	Electronic Signature / Authorization	Level
Medical		1000.00

Please select an election:

Select	Level
Medical	1000.00 - \$3.85

## OTHER BENEFITS:

**Colonial Short Term Disability** and **Empower Retirement** Deferred Compensation are two benefits available to eligible employees. Employees who wish to enroll in these benefits need to enroll directly with the carrier.

The **Employee Assistance Program** is provided to all active employees of Milwaukee County. The EAP offers local resources for financial planning, legal advice, relationship counseling and many other programs for managing life's challenges.

**MCTS Bus Pass** -- All Milwaukee County employees are eligible for a discounted **MCTS** bus pass. Instructions for signing up for this benefit can be found on the Bus Pass enrollment screen.

These informational screens in the enrollment system have instructions for contacting these carriers.

Participant ID: 3208421 - Pending Enrollment

Deferred Compensation Plan

Concerned about having enough money for your retirement? The Milwaukee County Deferred Compensation Plan offers:

- "Protect Your Paycheck" with Short-Term Disability
- "Protect Your Family" with additional products offered by Colonial Supplemental Insurance, including:

Employee Assistance Program

The EAP (Employee Assistance Program) is intended to help employees with the challenges of balancing work and family issues. Such issues may include, but are not limited to, relationship problems, domestic abuse, stress and anxiety, budget and/or money management concerns, legal concerns, parent/child conflicts, alcohol or drug abuse, loss or grief regarding a loved one, and concerns about child care and/or aging parents.

The program provides problem assessment and referral free cost to employees and eligible family members. If assistance is needed by employees, call toll-free 1-800-451-1234.

Bus Pass

All active Milwaukee County employees are eligible to sign up for a discounted bus pass at any time through Milwaukee County Transit System. As soon as you enroll in this benefit, deductions will be processed. The employee contribution for this benefit is \$10 per month divided between the first two paychecks each month. Upon enrolling, employees must print two forms to take to the Milwaukee County Transit System.

1. The application form (MCTS Bus Pass Application Form)
2. Your Confirmation of Benefits showing bus pass enrollment. This is proof of employment with Milwaukee County.

Take these two forms to the MCTS transit office to have your picture made and receive your bus pass. Employees are responsible for taking these forms to complete the bus pass enrollment process. Please note: deductions will begin upon enrollment in the benefits system, so be sure to complete the process with MCTS.

Bus passes become effective the first of the month following enrollment. For example, if you enroll September 10, your bus pass would be effective October 1. The address for the Milwaukee County Transit System, Inc. is: 1942 North 17th Street, Milwaukee, WI 53205

MCTS website [www.idemilwaukee.com](http://www.idemilwaukee.com)

Benefit Summary:	
Dental	\$1.00
Basic Life Insurance	\$32.30
Optional Life Insurance	\$4.10
<b>TOTAL:</b>	<b>\$37.40</b>

Please Select:

Bus Pass ☒ Cost: \$5.00

Waive ☐

PREVIOUS NEXT

## Confirmation of Benefits:

After completing the enrollment process, verify your elections and dependent information.

If any section of your enrollment is incorrect or incomplete, return to that section by clicking on the name of the benefit. The system will return to the Confirmation of Benefits screen after updates / corrections have been made.

Click **"save"** when you have finished reviewing your elections. You will be returned to the home page.

EMPLOYEE TEST Participant ID 2254055

Confirmation For Employee Current Coverage

This confirmation of current coverage is contingent upon verification of your elections by Milwaukee County and/or the insurance carriers (if applicable). When enrolled in the Patient Choice PPO or HMO, you will see a care system code listed in the Medical section of the confirmation. If you did not list a care system code please go back into the medical section of the enrollment process. Care system codes must be managed directly with VRS after the enrollment period.

Any Benefit amounts described as "Pended" are not included in your current Benefit Cost. If your life insurance benefits are pended please print, fill-out and submit the Evidence of Insurability Form (EOI) to MetLife. Once your Evidence of Insurability has been received and approved, the pended Benefit amount will be added to your total Life Insurance amount and your Benefit Cost will be adjusted accordingly.

PLEASE NOTE: The costs displayed below are per pay period. All benefits are deducted twice a month, divided equally between the first two paychecks of the month. In months where there are three paychecks, no deductions are taken from the third paycheck. To find your monthly benefit cost, double the employee premium listed below.

Print Form(s) click here.

Benefit enrollment information for: EMPLOYEE TEST

Your Demographic Information:

Street Address: 123 ANY STREET  
City: MILWAUKEE  
State: WI  
Zip Code: 53233  
Date of Birth: 01/01/1970  
Annual Benefits Salary: \$50,000.00

Your Election Information:

Election Information	I Agree / Acknowledge	Cost
Electronic Signature / Authorization	<input checked="" type="checkbox"/>	
Health Care Flexible Spending Account	<input checked="" type="checkbox"/>	
Dependent Care Flexible Spending Account	<input checked="" type="checkbox"/>	
Basic Life Insurance	<input checked="" type="checkbox"/>	Cost: \$5.10
Optional Life Insurance	<input checked="" type="checkbox"/>	Cost: \$12.00
Spouse Life Insurance	<input checked="" type="checkbox"/>	Cost: \$5.00
Dependent Life Insurance	<input checked="" type="checkbox"/>	Cost: \$5.45
Employee Assistance Program	<input checked="" type="checkbox"/>	Cost: \$0.00

Your Total Pay Period Cost for all Elections is: \$68.45

Employer Pay Period Cost for all Elections is: \$13.95

If any of this information is incorrect, please return to the home page to correct it.

Print this page for a paper confirmation copy.

## Questions? Need Help?

Contact the Employee Benefits Department at 414-278-4198



# 2017 Annual Notices

## Important Notice From Milwaukee County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Milwaukee County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

**1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

**2. Willis of Wisconsin, Inc., on behalf of Milwaukee County, has determined that the prescription drug coverage offered by Milwaukee County is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage.**

**Because the prescription drug coverage offered by Milwaukee County is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays, it is considered Creditable Coverage. It is not necessary for you to join a Medicare prescription drug plan at this time.**

**Your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage. You can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. This may mean that you may have to wait to join a Medicare drug plan and that you may pay a higher premium (a penalty) if you join later. You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) because you lost creditable coverage to join a Part D plan. In addition, if you lose or decide to leave employer/union sponsored coverage; you will be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period. You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

**If you decide to join a Medicare drug plan, your Milwaukee County coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.**

Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to

receive all of your current health and prescription drug benefits and the Medicare prescription drug plan will coordinate benefits with your Milwaukee County prescription drug coverage.

**If you do decide to join a Medicare drug plan and drop your Milwaukee County coverage, be aware that you and your dependents may not be able to get this coverage back.**

You should also know that if you drop or lose your coverage with Milwaukee County and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without prescription drug coverage that was at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

**For more information about this notice or your current prescription drug coverage...**

Contact the person listed below for further information.

**NOTE:** You will get this notice each year. You will also get this notice before the next period you can join a Medicare drug plan, and/or if this coverage through Milwaukee County changes. You also may request a copy.

**For more information about your options under Medicare prescription drug coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

**For more information about Medicare prescription drug coverage:**

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare Drug Plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).**

Date:	October 31, 2016
Name of Entity/Sender:	Milwaukee County
Contact--Position/Office:	Division of Employee Benefits
Address:	901 N. 9th Street, Room 210, Milwaukee, WI 53233
Phone Number:	414-278-4198



## **Notice to Enrollees in a Self-Funded Nonfederal Governmental Group Health Plan**

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirement listed below. However, the law also permits State and local government employers that sponsor health plans to elect to exempt a plan from these requirements for part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. Milwaukee County has elected to exempt the Milwaukee County Choice Plus Plan from the following requirement:

### **Parity in the application of certain limits to mental health benefits.**

Group health plans (of employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefits must ensure that financial requirements and treatment limitations applicable to mental health or substance abuse benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan.

The exemption from this Federal requirement will be in effect for the 2017 plan year beginning January 1, 2017 and ending December 31, 2017. The election may be renewed for subsequent plan years.

HIPAA also requires the Plan to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer's health plan, or if you wish to purchase an individual health insurance policy.

Inquiries regarding this notice can be directed to the **Milwaukee County Division of Employee Benefits, Courthouse Rm. 210, 901 N. 9th St., Milwaukee, WI 53233.**

# Women's Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please contact the Employee Benefits Division at 414-278-4198.

## Notice of Coverage for Newborns and Mothers

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

# NOTICE REGARDING WELLNESS PROGRAM

Health Matters Milwaukee County is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include measuring your blood pressure, weight, height, waist circumference, and a finger stick blood test to measure cholesterol and glucose. You are not required to complete the HRA or to participate in the biometric screening.

However, employees who choose to participate in the wellness program will receive an incentive of a 30% reduction to their monthly medical insurance premium contribution (up to a maximum reduction of \$50/month) for completing the health risk assessment questionnaire and biometric screening. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive a 30% reduction to their monthly medical insurance premium contribution (up to a maximum reduction of \$50/month).

Employees who are identified as being high risk through the biometric screening will be asked to complete a telephonic health coaching session once a quarter during a calendar year in order to continue receiving the 30% reduction to their monthly medical insurance premium contribution (up to a maximum reduction of \$50/month). Additional incentives may be available for employees who voluntarily participate in certain health related challenges and events that are offered throughout the program year. If you are unable to participate in any of the health-related activities or achieve the health coaching requirement to earn an incentive, you may be entitled to a reasonable accom-

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

## Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although Froedtert Workforce Health and Milwaukee County may use aggregate information it collects to design a program based on identified health risks in the workplace, Froedtert Workforce Health will never disclose any of your personal information either publicly or to Milwaukee County, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are health coaches from Froedtert Workforce Health in order to provide you with services under the wellness program.



In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the County Wellness Coordinator, Claire Schuenke, at 414-278-4938.



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 1-31-2017)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact \_\_\_\_\_.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Milwaukee County		4. Employer Identification Number (EIN) 39-6005720	
5. Employer address 901 N. 9th Street		6. Employer phone number 414-278-4198	
7. City Milwaukee	8. State WI	9. ZIP code 53233	
10. Who can we contact about employee health coverage at this job? Department of Human Resources, Employee Benefits Division			
11. Phone number (if different from above)		12. Email address benefits@milwaukeecountywi.gov	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

Regular appointed employees with scheduled (budgeted) hours in excess of 20 hours per week (as defined in County Ordinance)

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Your spouse, your domestic partner, your or your spouse's child who is under age 27, an unmarried child of any age who is or becomes disabled and dependent upon you, a child of a dependent (until the dependent who is the parent turns 18). See SPD for conditions, limitations and additional details.

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**\*\*** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.hip.in.gov">http://www.hip.in.gov</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943	Website: <a href="http://www.dhs.state.ia.us/hipp/">http://www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562

<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://mn.gov/dhs/ma/">http://mn.gov/dhs/ma/</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/hipp">http://www.dhs.pa.gov/hipp</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820

<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>VIRGINIA – Medicaid and CHIP</b>	
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue,



# 2017 Provider Contact Information

Insurance Type	Provider	Group Number	Contact Number	Website
Basic and Optional Life Insurance	Metlife	104177	Customer Service: 800-638-6420	<a href="https://www.metlife.com/">https://www.metlife.com/</a>
Commuter Value Pass	Milwaukee County Transit System		414-343-1777	<a href="http://www.ridemcts.com/">http://www.ridemcts.com/</a>
Deferred Compensation	Empower Retirement		Enrollment: 414-223-1921 Customer Service: 877-457-6459	<a href="http://www.milwaukeecounty457.com">www.milwaukeecounty457.com</a>
Dental Insurance	Care Plus	CPPPD01	Customer Service: 800-318-7007	<a href="http://www.dentalassociates.com/">http://www.dentalassociates.com/</a>
Dental Insurance	Delta Dental	90813	Customer Service: 800-236-3712	<a href="http://www.deltadentalwi.com/">http://www.deltadentalwi.com/</a>
Employee Assistance Program	United Behavioral Health		Customer Service: 800-622-7276	<a href="https://www.liveandworkwell.com">https://www.liveandworkwell.com</a>
Flexible Spending Accounts	Employee Benefits Corporation		Customer Service: 800-346-2126	<a href="http://www.ebcflex.com/">http://www.ebcflex.com/</a>
Medical Insurance	UnitedHealth Care	714852	Customer Service: 800-603-3941	<a href="https://www.myuhc.com">https://www.myuhc.com</a>
Prescription Plan	OptumRx	Milwcnty	Customer Service: 800-603-3941	<a href="https://www.myuhc.com">https://www.myuhc.com</a>
Supplemental Insurance Policies	Colonial Life & Accident Ins Co		Enrollment: 414-446-8494 Customer Service: 800-845-7330	<a href="http://www.coloniallife.com/">http://www.coloniallife.com/</a>
Vision Insurance	DeltaVision	41681	844-848-7090	<a href="https://www.eyemedvisioncare.com">https://www.eyemedvisioncare.com</a>
Wellness Program	Froedtert Workforce Health		414-777-3446	<a href="http://county.milwaukee.gov/EmployeeBenefits/Employee-Wellness.htm">http://county.milwaukee.gov/EmployeeBenefits/Employee-Wellness.htm</a>